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REAL STORIES

FALL 2024

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HEAD AND MORE

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SCAN ME

Watch this video on one woman's journey living with chronic migraine. For more on her story, turn to page 14. Use your smartphone camera to activate the QR code.



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THE LATEST ON

CHRONIC MIGRAINE

PREVENTION IN YOUR POCKET

A phone app could one day help predict migraine attacks so you can prevent or treat them early. In a study, 477 people with migraine reported their mood, energy, stress levels, sleep quality, and headaches on an app several times a day for 2 weeks. Morning attacks were more likely in people who had poor sleep overall, poor sleep the night before, or low energy the day before. Afternoon and evening attacks more often struck those who had more stress or significantly higher-than-usual energy levels. The research could lead to a headache-predicting app. In the meantime, you can track sleep, energy, and stress on your own to try to foresee attacks.

SOURCE: *Neurology*

20 to 50

Age group in which migraine is most common.

SOURCE: *JAMA*

4 to 72

How many hours a migraine episode typically lasts.

SOURCE: World Health Organization

FIND SUPPORT FOR STIGMA

Almost half of people with chronic migraine report feeling stigma about their condition, a new study shows. Some felt that other people saw their migraines as a way to get attention. Others said people tended to dismiss the severity of their condition. The more stigma that migraineurs felt, according to the study, the worse their reported quality of life. The researchers speculated that stigma may have a bigger impact on quality of life than headache does. They suggest that connecting with others who live with migraine could help reduce feelings of stigma.

SOURCE: *Neurology*

CLOUDY WITH A CHANCE OF ... MIGRAINE?

Changes in barometric pressure—the air pressure of the atmosphere—that happen with fluctuations in the weather are a known trigger of migraines and contributor to pain severity. That's why atmospheric scientists are exploring ways to develop weather forecasting tools that could also predict the risk of a migraine attack or other chronic pain flare based on air pressure. According to their research, people who live with migraine would be extremely likely to change their plans, avoid additional triggers, or take preventive medications in response to a pain-based weather forecast.

SOURCE: *International Journal of Biometeorology*

PEOPLEIMAGES/VIA GETTY IMAGES



When working hard to
manage migraine is one big

nope



It may be time to say

yep



vyepti[®]
(eptinezumab-jjmr)
100 mg/mL Injection for IV

say **yep** to **vyepti**[®]

VYEPTI was purposefully designed as an intravenous (IV) infusion to start working fast and keep working through month 3 after each infusion.



Just four **30-minute IV infusions**
a year (every 3 months) given by a
healthcare provider.



100% of the medication is delivered
directly to the bloodstream, so it can
get right to work.

Learn more
about IV infusion



Scan to learn more
about the VYEPTI
infusion experience.

APPROVED USE

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults.

IMPORTANT SAFETY INFORMATION

Do not receive VYEPTI if you have a known allergy to eptinezumab-jjmr or its ingredients.

VYEPTI may cause allergic reactions. Call your healthcare provider or get emergency medical help right away if you have any symptoms of an allergic reaction: rash; swelling of your face, lips, tongue, or throat; if you have trouble breathing; hives; or redness in your face.

Before starting VYEPTI, tell your healthcare provider about all your medical conditions, including if you are pregnant or plan to become pregnant, or you are breastfeeding or plan to breastfeed.

Tell your healthcare provider about all the medicines you take, including any prescription and over-the-counter medicines, vitamins, or herbal supplements.

The most common side effects of VYEPTI include stuffy nose and scratchy throat, and allergic reactions.

These are not all the possible side effects of VYEPTI. Tell your healthcare provider if you have any side effect that bothers you or that does not go away.

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 the accompanying Summary of Information About VYEPTI on the following pages of this advertisement.

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Actor portrayal

say **yep** to more migraine-free days

VYEPTI is the 1st and only FDA-approved intravenous (IV) infusion for the prevention of migraine in adults. In clinical trials, people on VYEPTI saw fast, powerful, lasting results.



Fast

With VYEPTI, more people had migraine-free days during the first week after treatment, some as soon as Day 1.*



Powerful

People treated with VYEPTI had fewer monthly migraine days through month 3, compared with placebo.



Lasting

Just one 30-minute treatment 4x a year (given by a healthcare provider every 3 months).

**After the first infusion, compared with placebo, as described in the FDA-approved prescribing information.*



Get study results

Scan to learn more about proven migraine prevention with VYEPTI in 2 clinical studies.

Ready to ask your doctor about VYEPTI?

vyepti[®]
(eptinezumab-jjmr)
100 mg/mL Injection for IV

Speaking up at your doctor appointment can feel like a lot. But partnering with your doctor can help you find out if VYEPTI could work for you.

5 topics to help you feel heard

- ⚡ Common triggers of your migraine attacks
- 👤 How your experience with migraine makes you feel
- 📅 Number of migraine days you had in the last month
- 📄 How you've tried managing migraine in the last month
- 👂 If you're open to trying an IV infusion treatment

Start here ↴



Scan for a discussion guide to help prepare for your next appointment.

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Summary of Information About VYEPTI

Important Facts about VYEPTI® (vye-ep'-tee) injection for intravenous use, also known as eptinezumab-jjmr.

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults and is given by a healthcare provider as an intravenous infusion every 3 months.

When should I not take VYEPTI?

Do not receive VYEPTI if you are allergic to eptinezumab-jjmr or any of the ingredients in VYEPTI.

What Warnings should I know about VYEPTI?

VYEPTI may cause serious side effects, including allergic reactions. Allergic reactions can happen after receiving VYEPTI. Call your healthcare provider or get emergency medical help right away if you have any of the following symptoms of an allergic reaction: rash; swelling of your face, lips, tongue or throat; trouble breathing; hives; or redness in your face.

What are the side effects of VYEPTI?

The most common side effects of VYEPTI include:

- stuffy nose and scratchy throat
- allergic reactions

These are not all of the possible side effects of VYEPTI. **Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

What should I tell my health care provider?

Before you receive VYEPTI:

Tell your healthcare provider about all of your medical conditions, including if:

- You are pregnant or plan to become pregnant. It is not known if VYEPTI will harm your unborn baby.
- You are breastfeeding or plan to breastfeed. It is not known if VYEPTI passes into your breast milk.
- You are under 18. It is not known if VYEPTI is safe and effective in children.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

This information is not comprehensive. To learn more about VYEPTI, talk to your health care provider, call 1-833-4-VYEPTI (833-489-3784), or go to www.vyepti.com for the full Prescribing Information and Patient Information.

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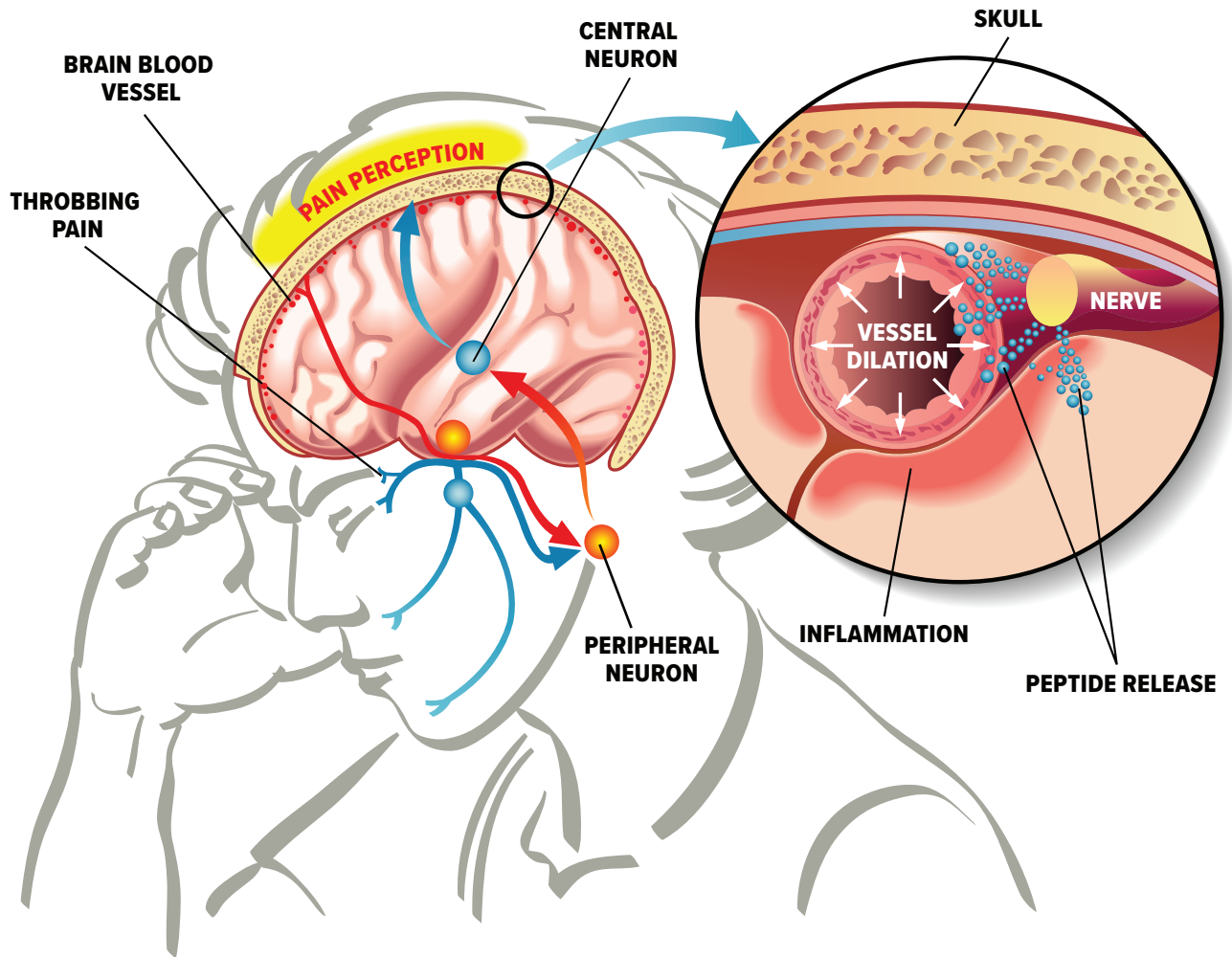
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EPT-L-100015



INSIDE YOUR HEAD

WHAT'S HAPPENING WHEN YOU HAVE CHRONIC MIGRAINE?

By Rachel Reiff Ellis Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



- Migraine pain is a result of your neurons sensing and transmitting pain.
- These neurons send signals that release a peptide.
- The peptide tells your blood vessels to dilate and causes inflammation.
- The expanding blood vessels and the inflammation cause throbbing pain.

SOURCES: *The Journal of Headache and Pain*: "Migraine Attacks Are of Peripheral Origin: The Debate Goes On"; American Migraine Foundation: "Calcitonin Gene-Related Peptide Targeted Therapy For Migraine"

COMORBIDITIES

THESE CONDITIONS OFTEN GO HAND-IN-HAND WITH CHRONIC MIGRAINE.

MOOD DISORDERS

Your chance of having depression and anxiety is between 30% and 50%. These odds go up the more days a month you have migraine.

SLEEP DISORDERS

When you have chronic migraine, your risk goes up of also having sleep apnea, insomnia, and restless legs syndrome. You're also more likely to have poor sleep quality and duration.

CARDIOVASCULAR DISORDERS

People who get chronic migraine with aura have a slightly higher risk of heart attack, stroke, and death from cardiovascular disease than people who have migraine with no aura or no migraine disorder at all.

INFLAMMATORY CONDITIONS

Although experts aren't sure of the link, there is a relationship between arthritis and chronic migraine. You're more likely to have one if you have the other.

NEUROLOGICAL DISORDERS

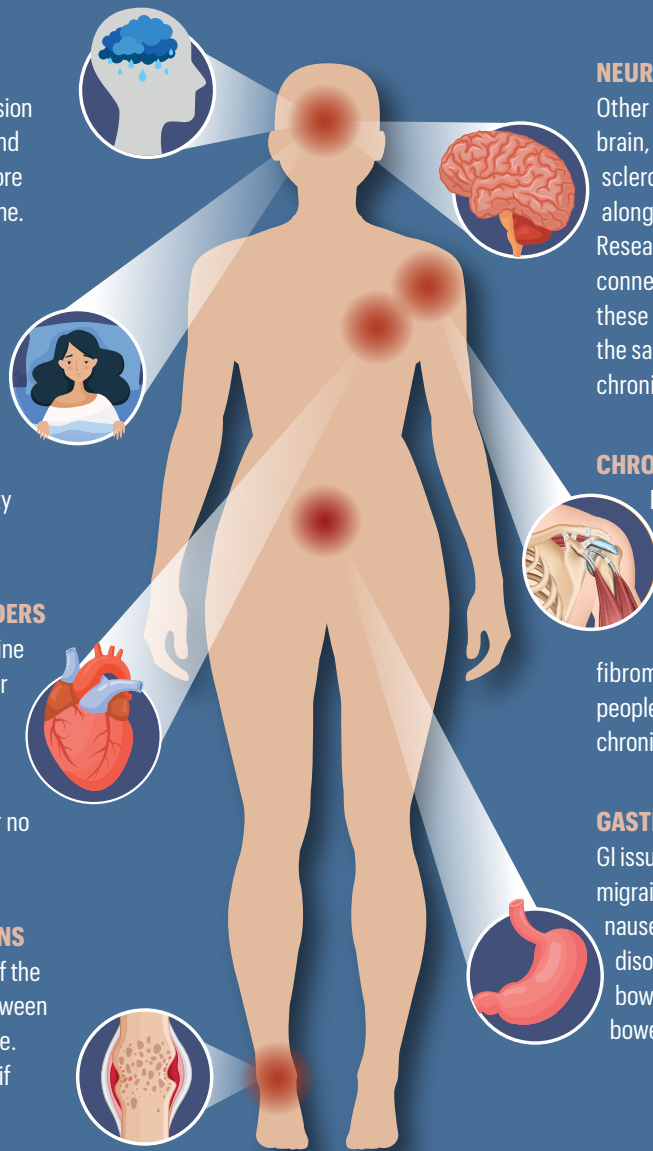
Other conditions that affect the brain, such as epilepsy, multiple sclerosis, and stroke, can occur along with chronic migraine. Researchers aren't sure of the connection, but one theory is these disorders may have the same underlying cause as chronic migraine.

CHRONIC PAIN

Fibromyalgia is a disorder that causes pain in the muscles, joints, and bones. About 30% of people with chronic migraine also have fibromyalgia, and over 55% of people with fibromyalgia also have chronic migraine.

GASTRO ISSUES

GI issues often go along with migraine. It's common to deal with nausea, diarrhea, vomiting, and disorders such as inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS).



Harvard Health: "Migraine: A Connection to Cardiovascular Disease?"; *Nature*: "Migraine Is Associated with the Development of Adult Patients with Inflammatory Bowel Disease: A Nationwide, Population-Based Study"; Association of Migraine Disorders: "The Relationship Between Migraine and Fibromyalgia"

MANAGE YOUR CHRONIC MIGRAINE

WHEN YOU HAVE 15-PLUS HEADACHE DAYS A MONTH, YOU'LL NEED A MULTIPRONGED TREATMENT APPROACH

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

When you have chronic migraine, you'll need medicine for relief during an attack and medicine to prevent future attacks. If your medicine isn't working, don't give up. There are more options available today than ever before.

"With methodical, sustained attempts at treatment, we are usually able to find a treatment or treatments that will improve your quality of life," says Elizabeth W. Loder, MD, MPH, a headache specialist and professor of neurology at Harvard Medical School in Boston.

RESCUE MEDICATIONS

Keep over-the-counter or prescription pain relievers within your reach to take whenever you feel the first signs of an attack.

"The earlier you treat, the more likely you are to get out of this bad episode that's coming," says Moises Dominguez, MD, an assistant professor of neurology at Weill Cornell Medicine in New York City.

PREVENTIVE MEDICATIONS

Rescue medicine alone isn't usually enough for people with 15 or more headache days per month. Preventive medicine helps cut down the number of headache days you have and might convert chronic migraine to less frequent episodic migraine. Another benefit of prevention, says Dominguez, is that "a really good preventive treatment strategy may make rescue medications even more effective."

Your doctor might prescribe:

- **Medicine to lower blood pressure**, such as atenolol, propranolol, and verapamil, which may correct problems with blood flow to the brain that can cause migraine
- **Anti-seizure medicine**, such as sodium valproate, which interacts with brain chemicals that could cause headaches
- **Tricyclic antidepressants**, such as amitriptyline, which may prevent headaches by affecting serotonin levels in the brain
- **Injections of onabotulinumtoxinA**, which can interfere with the nerves involved in headache pain
- **Monoclonal antibody treatments**, such as atogepant, eptinezumab, erenumab, fremanezumab, and galcanezumab, which block chemical messengers in the brain called CGRP that play a role in migraine

NONDRUG PROCEDURES

Some nondrug options might also help with chronic migraine. Ask

your doctor about nerve stimulation, biofeedback, transcranial magnetic stimulation, and acupuncture.

HOW TO KNOW YOUR TREATMENT IS WORKING

It's important to give your treatment time to work. "Immediate relief doesn't happen that often in chronic migraine," says Jorge L. Almodóvar-Suárez, MD, division chief of General Neurology & Headache Disorders at UNC School of Medicine in Chapel Hill. "Depending on the medication, you may need to give it about 4 to 6 weeks to work."

You also need to know what it means for a medicine to "work."

Medication won't eliminate headache days, says Almodóvar-Suárez, but it should bring improvements in four areas:

- Duration of headaches
- Frequency of headaches
- Severity of pain
- Your ability to go about your daily life

SWITCHING MEDICATIONS

If your medicine doesn't work after a reasonable amount of time, or it works for a while then stops, there's likely something else you can try or add.

For example, if you relapse on a CGRP antibody drug, Dominguez adds that you also have the option of onabotulinumtoxinA.

You might also want to switch or add medications to see if you can get even better results than you currently get. "Even if people improve with one treatment," Loder says, "they may add another or consider switching, just to see what the maximum benefit is that can be attained."

SPEAK UP

Discuss your treatment with your doctor.

You might ask:

- + **How long should it take for my treatment to work?**
- + **What are the signs that it's working?**
- + **Are there any options we haven't tried yet?**
- + **Is there a way to get even better results?**

BEING MY OWN ADVOCATE

HAVING CHRONIC MIGRAINE CAN BE DEBILITATING. DON'T HIDE IT. SPEAK UP FOR YOURSELF.

By Lizzy Swick, MS, RDN

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



I was out with friends from college when I had my first real migraine. We were talking about their kids, and I was dreaming of becoming a mom. Little did I know that I was pregnant with my first. I was also on the brink of years of migraine ups and downs.

JOY AND PAIN

I had headaches all my life, but that night with friends was different. The smells were making me sick. The lights were unbearable. I remember turning in early.

Two weeks later, I learned I was pregnant. I chalked the migraine up to my hormones and expected it to be a single incident. I fully enjoyed my pregnancy. I had my beautiful baby girl, and I was overjoyed.

Unfortunately, migraines came fast and furious back-to-back. I had them about 5 days per week. Here I am a new mom, figuring out breastfeeding, up all hours of the night, and exhausted. I also had this other layer of shock and pain that I had never experienced before in my life. My husband carried a lot of the load and sometimes I would spend all day in bed. I was angry because this was supposed to be the happiest moment of my life and I couldn't enjoy it. I felt like I couldn't take care of my baby.

IT'S NOT POSTPARTUM!

Pain robs you of your spirit and your freedom. It is a disability. I kept trying

to explain to doctors this is not postpartum depression, it's a byproduct of pain and it just so happens that it's during my postpartum period. I spoke to many doctors, and they just diminished my experience.

It took me a while but finally, my dad, an ophthalmologist, helped. He shared that he had migraines in med school and really struggled. My mom had migraines, too. The difference this time is my dad heard me. He saw me. He referred me to a colleague who tested me for eye-related migraines. After a lot of testing and ruling things out, I was finally diagnosed in summer 2013—3 months after my first daughter was born.

WESTERN AND EASTERN TREATMENTS

I've tried many things over the years to control my migraines. I've tried exercise, changing my diet, meditating, prayer, energy work, support groups, herbs, and supplements. I'm a dietitian, so I know some of these have worked for my



patients with migraine. I've also tried checking my blood for nutrients, looking at my mercury and lead levels, and mold exposure. At the end of the day, two things have been the most helpful for me: prescription migraine medication and therapy.

It has been helpful to learn that relief can come from both medication and natural remedies. For so long, I thought integrative meant only diet, exercise, sleep, etc. I often wish I had started prescription medication sooner. As for therapy, my counselor has helped me come to terms with my pain—that it's not my fault and that I can celebrate

progress (fewer migraines, less duration) versus seeking perfection. My youngest daughter has a chronic illness, so it's helped me in parenting her also. Having a migraine doesn't mean you're not a good person, that you're not lovable, or that you're not good at what you do.

It took me close to a decade to acknowledge that migraine is a chronic and debilitating condition. It is a disease. It doesn't just go away. I've learned to treat myself like I do my patients—with compassion and love. These days, I treat myself like my best friend.



LIZZY'S TIPS

- + **Plan.** I can't just do impromptu coffee or speaking engagements. I have to plan.
- + **Feel your feelings.** Acknowledge when you're in pain. Don't hide it.
- + **Speak up.** It's OK to say no when you need to.

LET'S TALK

HERE'S HOW I HELP OTHERS HELP ME THROUGH CHRONIC MIGRAINE

By Ashlyn Stevens

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer



I was officially diagnosed with chronic migraine 3 years ago at age 20, but migraine has been part of my life since I was 14. Getting a diagnosis was really validating—it gave me language to talk to others about what I was dealing with. When people would say, “Oh, I get headaches, too.” I could say, “This is different.”

DAILY LIFE WITH CHRONIC MIGRAINE

Migraines knock me on my butt more often than I'd like them to. When I'm not feeling well, it's incredibly difficult to try to pretend like I am. I'm a special education teacher, which is a very physically demanding job. I love to work out, and I love to spend time with my husband. But I can't do any of those things—not even just watching a movie on the couch—when a migraine hits.

Migraine takes a toll on my mental health, too. I feel a lot of guilt because of the constant need to take care of myself, missing work, and missing out on my social life. Having chronic migraine can feel really isolating.

Scheduling plans with my friends is anxiety-inducing because I never know how I'm going to feel. If I've had a



SUPPORT TOOLS

Give your friends and family an action plan so they can offer concrete support during a migraine. My go-tos include:

- + **Turning off lights**
- + **Taking my hair out of a ponytail**
- + **Baseball caps that you store in the freezer**

AI IMAGE GENERATED BY FIREFLY. INSET PHOTO COURTESY OF ASHLYN STEVENS



long day of work with students in the noise and in the light all day, I'm not going to feel good. I have to cancel more often than I would like to.

CONVERSATIONS ARE KEY

I'm lucky to have understanding friends who check on me, but it's also been important to talk openly with them about what it's like for me to live with migraine. Building a support system has meant having conversations, not only about how migraine affects me, but how it will affect my ability to be present with others.

Even the most well-meaning friends may not "get" migraine. I find it helpful to be able to say that chronic migraine is an illness with a diagnosis, not just an occasional headache. I often hear, "Oh, are you drinking enough water?" or "I have headaches all the time, too." I have to explain there's a big difference between a headache and a debilitating migraine, and that managing them is not as simple as drinking more water.

Even though my husband doesn't experience chronic migraine like I do, he is very supportive. We've talked about what helps when I'm out of commission, and so he's quick to

grab my meds for me, bring me an ice pack for my head, or take me to urgent care when nothing else is working and I need a shot.

FINDING THE RIGHT WORDS

Migraine is a dynamic disability. It looks different for everyone who has it, and it also looks different for me every day. It's teaching me how to listen to my body. I'm learning to ask: What does my body need right now? Do I need rest? Am I OK to keep going? Do I need this med or that med or a cold pack?

And then once I have the answers, I need to let others know what I need.

When I have to say no to plans because of migraine, I'll say, "I'm really sorry I can't go with you tonight. I would love to, but I have to rest or I won't be able to make it to work tomorrow."

You have to be your own advocate. I know that if I try to ignore my body and push through a migraine instead of turning down a social invitation to prioritize my health, it's going to be worse for me in the long run. If I don't take care of myself, I'm the one who deals with the consequences.

PRIORITIZE LIFESTYLE CHANGES

START WITH A GOAL THAT'S EASY TO ACHIEVE AND WORK YOUR WAY UP

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor



In addition to taking your medicines as prescribed, lifestyle factors can go a long way to reducing the frequency and severity of your migraine attacks. Areas to consider include exercising, eating well, sleeping enough, and limiting alcohol.

“Lifestyle changes unfortunately are often underemphasized, but they can have a really significant impact,” says Amy Frers, PhD, a clinical psychologist in Tacoma, WA.

As an added benefit, Frers says that recognizing steps you can take on your own to get more control over your migraine attacks can give you a feeling of empowerment. “It can be really helpful to realize that there is some control you have over this,” she says.

FINDING THE TIME

If you're worried about how you'll fit a regular exercise routine or other lifestyle change into your busy schedule, Frers says it may help you to think about the time you're losing now due to frequent migraine days.

“I often encourage people to think about that lost time,” she says. “It might be easier said than done, but it's a mental trick that can help.”

KEEP TRACK

To decide where to start, Frers suggests tracking your habits and migraine attacks. This can help you identify links between your headaches and particular foods or other triggers.

“If you can track and recognize patterns, then you can pick the low-hanging fruit,” she says.

START SMALL

Once you've identified an area you want to work on, Frers recommends setting “a goal that's so small that you can't fail.” For example, a good first exercise goal might be as simple as putting on your workout clothes, she says.

“If you set a goal and you fail, it hurts your self-efficacy and you're less likely to keep working on it, so start very, very small,” she says.

START AGAIN

While early successes are important to get you moving in the right direction, don't worry if you make progress and then falter.

“Sometimes people get really discouraged understandably, but I view that as part of the process,” Frers says. “It's normal and you're a human, and criticizing or beating yourself up is probably not going to help.”

FORGE A NEW PATH

Setting new habits will take a lot of effort at first, Frers says. Over time, as you walk the new path, it will get easier.

“That's how our brains work,” she says. “Over time, the new path will get worn in and the old one starts growing over.” With consistency and effort, you can change those patterns and habits as you work toward greater migraine relief.