WEBMD TAKE CONTROL

APRIL 2023

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THE LATEST ON
CHRONIC MIGRAINE

ZAP AWAY HEADACHES
Doctors use spinal cord stimulation to treat many kinds of ongoing pain. The device, which is implanted under your skin next to your spine, sends electrical pulses to the spinal cord to relieve pain. Recent research suggests it may help with chronic hard-to-treat headaches, including migraine. In a review of 16 studies that included 107 patients with all types of chronic, untreatable headaches, such as migraines, spinal cord stimulation led to less frequent and less intense headaches.

SOURCE: Neuroradiology

UP TO 1 in 20
Number of people in the U.S. who have chronic migraine.

SOURCE: Cleveland Clinic

WHAT A PAIN IN THE NECK!
Many people with chronic migraine have neck pain and disability, too. A new study finds that the level of neck pain and disability in people with chronic migraine seems to affect the intensity of their headaches. The study of 142 people found that those with more pain or dysfunction had more intense headaches. This discovery, according to the researchers, suggests that physical therapy to address neck problems, in addition to regular migraine medications, may help ease headache pain.

SOURCE: International Journal of Environmental Research and Public Health

MIGRAINES CAUSE STIGMA, SURVEY FINDS
Do you feel stigmatized by your chronic migraine? A recent survey found that many people do. The more headaches a person had, the more stigma they felt. Those who felt the most stigma, regardless of how much pain they had, reported greater disability from their migraine and worse emotional well-being. If you have trouble coping with feelings of stigma and it affects your quality of life, you might get some relief from a support group, counseling, or talk therapy.

SOURCE: Headache

4x
How much more productive time you lose at work with chronic migraine compared to episodic migraine.

SOURCE: Journal of Headache Pain

BY THE NUMBERS

STATS & FACTS

1 in 33
Number of people whose episodic migraine becomes chronic every year.

25 to 55
Most common ages at which adult migraine is diagnosed.

3 in 4
Number of people whose migraines are without aura.

1 in 2
People who say too much or too little sleep triggers their migraines.

3 in 4
People who say stress triggers their migraines.

8
Minimum number of days per month a person with chronic migraine has headaches with migraine features, such as light sensitivity, nausea, and vomiting.

SOURCES: Journal of the National Medical Association, Cleveland Clinic, National Library of Medicine

4x
ZAP AWAY HEADACHES

SOURCE: Journal of Headache Pain

BY THE NUMBERS

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CHRONIC MIGRAINE

**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).

**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 if approved.

and

92% of current **BOTOX** users said they wish they'd talked to a doctor and started sooner!

By participating in the **BOTOX** Savings Program, you acknowledge and agree to the Full Terms & Conditions set out at **BOTOX**SavingsProgram.com/TermsAndConditions. Patients enrolled in Medicare, Medicaid, TRICARE, or any other government-reimbursed healthcare program are not eligible. Other restrictions and maximum limits apply.

**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 an allergy on your face; have weakness of limb or serous muscles; trouble speaking or swallowing; swallowing, weakness, cramping, numbness, or tingling in your eye(s); headache, neck pain, hip pain, eye pain, neck strain, or upper respiratory tract infection.

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.

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

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

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

It’s about 10 minutes of treatment once every 3 months.

**Your BOTOX treatment plan is designed to be flexible. You can stay on your current medication or switch to BOTOX.**

**What about cost?**

**You may pay $0**

text SAVE TO 2774*
If you’re plagued with migraine symptoms for at least 15 days per month for at least 3 months, your doctor is likely to diagnose you with chronic migraine. About 3% to 5% of people in the U.S. have chronic migraine, and studies suggest about 3% of people with migraine episodes will eventually develop chronic migraine.

“If often ask my patients whether they have more headache days per month compared to headache-free days per month,” says Sara Elizabeth Sacco, MD, director of the Carolinas Headache Clinic in Matthews, NC. “If headache days win out, that fits the definition of chronic migraine.”

**BEYOND HEADACHES**

For your headache to be classified as a migraine, you’ll also have symptoms such as nausea or vomiting, and you may be sensitive to sound and light. Your head pain is also typically moderate to severe. Living with these symptoms has a huge impact on your everyday life. You may find it hard to maintain relationships or keep up with work responsibilities. Migraine can make it hard to be physically active, which can affect your mood and overall wellness.

Many people with chronic migraine say they have a lower quality of life and poorer health than people with episodic migraine, or migraines that happen fewer than 15 days a month. Between 30% to 50% of people with chronic migraine deal with depression and anxiety, often because of the constant stress and pain of migraine symptoms.

**FINDING A TREATMENT BALANCE**

It can sometimes be challenging to find treatment that works for you. What’s more, taking some painkillers such as over-the-counter nonsteroidal anti-inflammatory drugs (NSAIDs) and triptans too frequently can create a new type of headache called medication overuse headache.

“Virtually all acute medications we use to treat headache can lead to medication overuse headache,” Sacco says. “It makes an already difficult-to-treat disorder worse.”

Medication overuse headache not only creates more frequent headaches, but it also decreases the chances that preventative medications will work on your migraine. Talk to your doctor about how to carefully use these treatments to help avoid the negative cycle of medication overuse headache.
When you live with chronic migraine, treating your symptoms will involve lessening the pain and symptoms of the moment, as well as working to keep them from coming back.

“There are two main types of therapy: preventive therapy, like a medication you use on a regular basis to reduce the frequency and severity of headache, and acute—or as-needed—medication you use on the days you have headaches,” says Chia-Chun Chiang, MD, assistant professor of neurology at Mayo Clinic in Rochester, MN.

TREATING MIGRAINES AS THEY HAPPEN

Acute treatments are medications you take at the first sign of migraine headache. They don’t keep migraines from happening, but they offer pain relief during one. When a migraine strikes—or when you can tell it’s about to strike—your doctor may suggest starting with an over-the-counter medication like an NSAID or acetaminophen. Other options include dopamine antagonists, ergot alkaloids, and triptans. Medications such as anti-nausea pills can help with nonpain migraine symptoms.

If you can’t take other options, your doctor may try opioids. These drugs are highly addictive, so you can only take them for a short time.

If you start using any of the pain-relief medications more than two to three times a week, or 10 days a month, it’s time to talk to your doctor for another plan.

“If you use an as-needed pain medication such as acetaminophen or an NSAID too frequently, it could potentially cause a condition called medication overuse headache, meaning that taking those medications too frequently itself can cause headache,” Chiang says.

That’s why it’s important to have preventative therapies as well.

REDUCING YOUR MIGRAINES

The goal of preventive medication is to reduce how often you get a migraine, how severe your attacks are, and how long they last. You might take an oral medication or an injection.

“There are three oral medications we consider,” says Dmitri Aleksenko, MD, neurologist at Pierremont Neurology Clinic in Shreveport, LA. “Blood pressure medication like beta-blockers, anticonvulsants, and antidepressants.”

Injection medications include onabotulinum toxin A (Botox), CGRP antagonists, and an injectable ergot alkaloid (also available as a nasal spray). You take these on a regular basis, sometimes as infrequently as every 3 months.

The type of treatment your doctor tries for you first depends on other medical conditions you might have, such as high blood pressure, insomnia, or weight problems. Chiang says doctors typically consider oral medications first before trying injection options.

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OTHER OPTIONS

Chia-Chun Chiang, MD, lists some nonmedication treatment choices.

• Magnesium supplements
• Riboflavin (vitamin B2)
• Neuromodulation devices
• Nerve blocks

LIFESTYLE CHANGES

These prevention measures can also help.

• Keep a headache diary.
• Control your stress.
• Maintain a healthy weight.
• Stay hydrated.
• Eat regular meals.
• Go to sleep and wake up at about the same time.
My name is Tessie Mandeville. I’m 53 years old, and I live in Bellingham, WA. At first, I’d get a migraine every few months. They’d generally be gone by the next morning. Then I got a few a month. Then they became chronic and intractable. I average 10 to 15 a month. Sometimes I get them every day, and that’s with incredible amounts of medicine and wonderful healers.

CHRONIC MIGRAINE AT WORK
I am a Unitarian Universalist minister and a hospital chaplain. I work in palliative care with patients who have chronic and terminal illnesses and their families. As I developed migraines, I began to understand suffering in a different way. I could tap into that in a way that let me be very real with the patient.

But the hospital environment is not good for my migraines. The bright, fluorescent lights, the sounds, stress of course, the strong smells in the hospital, and the stress. When a family calls in the chaplain, it’s not because things are going well. There’s a lot of stress involved. I’ve worked with a migraine, but when they became too much, I started to use intermittent FMLA (Family and Medical Leave Act) so that I could take off the days when I was too sick without fear of losing my job. Then I took the summer off, which really reduced my migraines, but as soon as I went back, I got really sick again, so I had to resign. I couldn’t keep doing that to myself and my body. Now I am a certified interfaith spiritual director. I have a private practice in my home. It’s a much gentler rhythm for me. So far, it’s working.

KNOWING YOUR TRIGGERS
I have a lot of triggers. Besides the ones at the hospital, lack of sleep is one. Gluten and dairy might have been triggers. When I eliminated those from my diet, it seemed to help at first. That’s how it is with everything: Something might work for a little while, but then it stops. Like sleep. Sometimes I can sleep for 10 to 12 hours and still wake up with a migraine. It’s constant trial and error. What can trigger me one day, won’t the next. And vice versa.

I’m sure hormones play a role. When I started getting migraines, I was perimenopausal. Many women stop having migraines when they enter menopause. I hope I’m one of them. But sometimes I think the air I breathe is a trigger.

FINDING EFFECTIVE TREATMENTS
I’ve tried all sorts of medicines. They help for a while and then they stop. Currently, I use several preventive and abortive medicines and some complementary therapies, like chiropractic, acupuncture, and massage. But it takes a lot of energy to get to these appointments, and sometimes I just don’t have it in me.

LIVING WITH CHRONIC MIGRAINE
I have a lot of help living with chronic pain. I have a wonderful, compassionate partner of 23 years who was with me before I ever got sick. It has brought to life those vows, “In sickness and in health.”

I journal and write poetry, which helps me emotionally. Laughter helps, too. You have to laugh because life can be so absurd.

I am in several online support groups. Some days, when I am feeling really bad, I say, “I need to be in my support groups today.” Then, on the days that I can offer support and say to someone in the group, “I’m so sorry you’re struggling,” that makes me feel a little better, too.

LOOKING FOR A MIGRAINE SUPPORT GROUP?
Here are some places to start your search:
+ MilesForMigraine.org
+ PainConnection.org
+ MVertigo.org
+ AmericanMigraineFoundation.org
+ USPainFoundation.org
+ TheCenterForChronicIllness.org

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.
When you’re under stress, the last thing you need is chronic migraine pain. But about 7 in 10 people with migraine say that stress is one of their triggers. High stress is especially common in the lives of people who get migraines almost daily.

“A majority [of people] with frequent headaches—more than 15 headache days a month—have a stressful environment at work or home or somewhere,” says Morris Levin, MD, neurologist and director of the Headache Center at the University of California San Francisco Medical Center.

RECOGNIZING STRESS
Levin says some people may think of anything that bothers them as being stressful. He suggests a more useful way to think about stress is as a state that pushes you past your normal physical, emotional, or intellectual limits.

It’s not clear how exactly stress triggers migraines. But when stressors come at you often or intensely, the ability of your body and brain to respond may get overtaxed. As stress adds up, it may lead to wear and tear that alters brain function in ways that lead to chronic migraine.

FIND RELIEF
If stress triggers migraines, can stress relief prevent them?
Levin says that methods to counteract stress generally seek to make a person enter a state of relaxation. Techniques for this may include meditation, biofeedback, acupuncture, or even a walk in the woods. But do they really help with stress and migraine?

“I think they can’t hurt, but the evidence is just modest right now,” Levin says.

One reason for this is that the question is hard to study in a controlled way, he says. Learning to meditate effectively isn’t easy either. One clinical trial tested an approach to meditation called mindfulness-based stress reduction (MBSR) versus headache education in 89 adults with up to 20 headache days a month. The study found that both groups had fewer headaches after their treatment. So MBSR didn’t work any better than headache education to reduce the number of migraines. But those who practiced MBSR techniques did report other benefits, including better quality of life, less depression, and shifts in the way they assessed their pain.

COMBINATION APPROACH
Levin recommends taking an individual, case by case approach. Let your migraine doctor know about what’s going on in your life. Some of his patients need not just migraine medicine but also counseling of one kind or another, or better sleep. Stick with your migraine medications, but look for other areas that may help ease your stress and other triggers.

“More often than not, a combination of medication and nonpharmacological lifestyle measures spells a really good path to improve migraines—even for those who have migraine attacks on more days than not,” Levin says.