THE LATEST ON
CHRONIC MIGRAINE

IT’S IN THE GENES
A new study finds a genetic link between blood sugar problems and migraine. Researchers analyzed the DNA of 873,341 people, 102,084 of whom had migraines. They found genes that seemed to simultaneously play a role in both migraine and blood sugar levels and others that appeared to affect both migraine and levels of insulin, a hormone that helps the body process sugar. The strongest link they found was between migraine and a genetic tendency toward low fasting proinsulin levels. The finding suggests that medications to raise proinsulin levels could one day help prevent migraines, too.

MIGRAINES HIT WOMEN HARDER
Women are three times more likely to have migraines than men. According to a large survey, their attacks may last longer than men’s and come with a lot more symptoms, too. The results found that men’s attacks typically lasted about 32 hours. Women’s lasted 44-and-a-half hours when they had their period and close to 37 hours when they didn’t. They more often had nausea, vomiting, aura, and light and sound sensitivity with their attacks, too. Women were also more likely to see a return of their headache within 24 hours of taking migraine medicine. The findings suggest hormones play a role in migraine and sex-specific treatment could be effective.

GREATER RISK FOR GLAUCOMA?
When was the last time you had your eyes checked? In a study that tracked 2,716,562 adults for 9 years, researchers found that those with migraine were more likely than those without to develop glaucoma. Those at greatest risk were people living with chronic or severe migraines. Doctors can lower your risk for developing glaucoma by monitoring and regulating the pressure in your eyes with medicine, laser therapy, or surgery. Talk to your doctor about your risk for glaucoma and whether it’s time for an eye exam.

STATS & FACTS

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

BY THE NUMBERS

25 Most common ages at which adult migraine is diagnosed.

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

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

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

3 in 4 People with migraine who report having triggers, such as stress, bright lights, and hunger.

4 in 5 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.

15 Minimum number of days per month a person with chronic migraines has headaches of any type.

3x Number of women living with migraine compared to men.

SOURCE: Journal of the American Medical Association
BOTOX® for Chronic Migraine?

**In a survey,** 97% of current BOTOX® users say they plan to keep using it.*

**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 BOTOXsavingsprogram.com/ TermsAndConditions. Patients enrolled in Medicare, Medicaid, TRICARE, or any other government-subsidized healthcare program are not eligible. Other restrictions and maximum limits apply.**

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

**Important Safety Information**

**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 5 or more years and older. It is not known whether BOTOX is safe and effective to prevent headaches in patients with chronic migraine who have 14 or fewer headache days each month. (76 to 7 for placebo).

**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 weakness of associated muscles; can be severe and result in loss of life. You are at the highest risk of these problems if you have had previous injections of BOTOX into your muscles or anywhere else in your face or neck.

**Spread of toxin effects:** The effect of the injection site may spread to nearby 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, low voice or change or loss of voice, trouble speaking clearly, loss of bladder control, trouble breathing and trouble swallowing.

**Do not inject BOTOX if you are allergic to any of the ingredients in BOTOX and have had an allergic reaction to any other botulinum toxin product such as Myobloc® [rivaroxaban injection], Botox® [onabotulinumtoxinA], or Xeomin® (ciclopiroxolamine).**

**Some of the most common side effects are:***

- Headache
- Local pain
- Local swelling
- Local infection

**You may pay $0 text SAVE to 27747**

*BOTOX®️ Chronic Migraine Patient Package Insert @2020 Allergan, Inc., Botox®️ for the treatment of adults with frequent and severe migraine in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day who have 5 or more years of migraines who have had previous injections of BOTOX®️ into your muscles or anywhere else in your face or neck.

**$0 BOTOX®️ Chronic Migraine Patient Package Insert @2020 Allergan, Inc., Botox®️ for the treatment of adults with frequent and severe migraine in adults with chronic migraine who have 15 or more days each month with headache lasting 4 or more hours each day who have 5 or more years of migraines who have had previous injections of BOTOX®️ into your muscles or anywhere else in your face or neck.

**Please see accompanying Summary of Information about BOTOX®️.**

**If you are having difficulty paying for your medicine, AbbVie is able to help. Visit Abbvie.com/help/faq to learn more.**

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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 of your medical history, including:
  • Allergies
  • Pregnancy or breastfeeding
  • Any other medications you are taking, including vitamins and herbal supplements
  • 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.
  • 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 eyelids; 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, such as 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, anti-inflammatory agents, 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.
Based on v.2 0MG1145 Rev: 06/2019
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By Rachel Reiff Ellis
THE CHALLENGES OF CHRONIC MIGRAINE

MORE THAN JUST HEAD PAIN

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 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.

PEOPLE IMAGES/VIA GETTY IMAGES
OF CHRONIC MIGRAINE
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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 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.

“Most of the time insurance requires patients to try at least two or three traditional oral daily medications first before trying injection options. “Most of the time insurance requires patients to try at least two or three traditional oral daily medications first before they’ll approve either Botox injection or the CGRP monoclonal antibodies,” she says.

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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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.

**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.
You didn’t do anything to cause your chronic migraines, but new habits may help put off your next attack.

**MANAGE YOUR STRESS**

“Perceived stress is probably the No. 1 thing that people attribute their migraines to,” says Teshamee Monteith, MD, chief of the headache division at University of Miami Health System in Florida.

Not only can stress cause a migraine, but living with chronic migraines can cause stress. It’s a self-perpetuating cycle. Some stressors, like bills and deadlines, you simply can’t eliminate. But you can change the way you respond to them. Make time in your day for stress reduction. Take a daily walk, meditate, practice breathing exercises, or spend time with friends regularly.

**MIND YOUR SLEEP**

Both too much and too little sleep can trigger a migraine.

“It’s important to have good sleep hygiene,” Monteith says. Good sleep hygiene is a set of healthy habits that include sticking to a set bedtime; winding down about an hour before bed; and keeping your bedroom cool, dark, and screen-free.

Sleep disorders such as chronic insomnia, sleep apnea, and restless legs syndrome are more common in people with migraine. People with chronic migraine are twice as likely as those with less frequent headaches to have a disorder. If you have trouble sleeping that you can’t resolve with better habits, talk to your doctor. “Studies that look at treating insomnia with cognitive behavioral therapy show that you get improvement in frequency of migraines,” Monteith says.

**DON’T MISS MEALS**

When you skip a meal, go on a diet, or exercise on an empty stomach, your blood sugar drops, which triggers a migraine in some people. If hunger triggers migraines for you, be mindful about getting enough calories throughout the day through proper, satisfying meals and snacks. If you need to lose weight, do it slowly over time—not with a crash, starvation diet. When you live with chronic migraine, an extreme diet could set you up for even more headaches.

**MAKE TIME FOR MOVEMENT**

Regular exercise may help reduce migraine pain. In a study, a routine that included aerobic exercise and relaxation reduced migraine pain as much as topiramate, a common migraine medication. On top of that, regular physical activity can help lower risk for other possible migraine triggers, like stress, anxiety, and poor sleep.

If exercise triggers your chronic migraines, first get your migraines under control and then experiment with exercise as a way to keep future headaches at bay.

**MONITOR MENSTRUATION**

For some people, monthly periods trigger migraines. If that’s the case for you, “You might benefit from treating preemptively with nonsteroidal anti-inflammatories or long-acting triptans in those one to two days leading up to your menstrual cycle,” Monteith says.

If you have migraines without aura, it may be safe to take estrogen-containing birth control pills continuously to stop your periods altogether. These pills may raise the risk for stroke in women who have migraines with aura.