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HealthCentral **Chronic Migraine**



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WELCOME to HealthCentral’s guide to **Chronic Migraine**. In these pages, you’ll learn about current research, how to make the most of every doctor visit, the latest treatments, and more. For additional tips and info, go to [HealthCentral.com/ChronicMigraineGuide](https://www.healthcentral.com/ChronicMigraineGuide).



PREGNANCY ALERT

SOON-TO-BE MOMS with migraine may need to be closely monitored for pregnancy complications, according to a pair of new studies.

Some previous research suggested that migraine increased the risk for pregnancy complications, and the design and size of the two new studies—which, combined, involved nearly 40,000 pregnancies—help bolster that theory. In one, data from the Nurses’ Health Study II (NHS II) showed that when compared with non-migraineurs, women with migraine prior to becoming pregnant had an increased risk for preterm delivery (17%), gestational hypertension (28%), and preeclampsia (40%). The second study, led by researchers at Columbia University, also found a heightened risk for preterm delivery and pregnancy-associated high blood pressure in women with migraine, as well as other problems.

These findings, presented at the American Academy of Neurology’s annual conference earlier this year, are preliminary and require further review. However, migraine has some common pathology with these pregnancy concerns, such as inflammation and circulatory problems, notes the lead author of the NHS II analysis, epidemiologist Alexandra Purdue-Smithe, Ph.D., of Brigham and Women’s Hospital in Boston. “Women with migraine who are or may become pregnant should be aware of their potentially higher risk of pregnancy complications and discuss this with their physician,” says Purdue-Smithe.

50% Your risk of having migraine when a parent has it

OH, YOUR ACHING JAW

Grinding and clenching your teeth while asleep might be triggering your migraines. Studies show that compared with non-migraineurs, people with migraine clench their jaw more forcefully during sleep. This habit can cause temporomandibular disorders (TMD), which produce jaw pain and other symptoms. Some research suggests that TMD can also contribute to headaches.

A recent study in the journal *BMC Neurology*



found that migraine patients who used a custom-fitted oral device called a noci-ceptive trigeminal inhibition (NTI) splint, which prevents clenching during sleep, experienced at least moderate relief from headache symptoms. The American Migraine Foundation (AMF) advises jaw clenchers to ask a dentist about using a custom-made splint or mouth guard.

Changing some habits can ease TMD, too, says the AMF. Stress causes jaw clenching, so find a way to chill out, such as meditation or yoga. Also, don’t chew gum, bite your nails, or gnaw on pens and other objects.



IS YOUR JOB A TRIGGER?

STRESS IS A COMMON trigger for migraine, and any job can put you on edge now and then. Yet not much is known about the link between work-related factors, including stress, and migraine. To learn more, researchers in the United Kingdom analyzed health data for 415,712 adults between the ages of 40 and 75. That data—which included whether the patients had migraine, as well as their occupation type—was then broken down by sex.

The study, published in *The Journal of Headache and Pain* in 2021, reached several key conclusions. For one, people who work in physically demanding jobs, such as in manufacturing or building maintenance, are

significantly more likely to have migraine, especially among men. The study also found that migraine more commonly afflicts people who work evening or night shifts, particularly among women.

The authors state that more research is needed to understand these trends, but the findings suggest that your sex may influence whether work-related sources of stress are linked to your migraine. Interestingly, they found that migraine was less common among people who were at least moderately happy on the job. Is it possible that sending out a few résumés could bring some migraine relief?

FOOD FOR THOUGHT



New research suggests that your overall dietary and nutrient pattern might influence the intensity and duration of migraines. In a 2022 study published online in the *British Journal of*

Nutrition, researchers asked 266 women with migraine headaches to complete a questionnaire to determine how often they consumed certain foods during the previous year, and in what portions.

The women’s diets were analyzed according to how much protein, carbohydrate, and fiber they consumed, as well as their intake of vitamins and two minerals, calcium and magnesium. They were also asked about how much pain and disability migraines caused them over the preceding three months, and how long attacks typically lasted.

Several patterns emerged. Those consuming the highest amounts of carbs, protein, fiber, and vitamins B1, B3, and B9 reported the most pain and longest-lasting attacks; high intake of vitamins D and B12 were also linked to longer headaches. Those consuming the greatest amounts of calcium, magnesium, and vitamins A, B2, B6, C, and K had the least disability from migraines.

While this study offers new insights about nutrients and migraine, it’s important to talk to your doctor before taking dietary supplements or making major changes in your diet.

3x How many more women than men have migraine



A well-managed condition means more time to do the things that make you happy.

The symptoms of migraine vary from person to person and can include not only headaches, but also nausea, vomiting, and dizziness, as well as sensitivity to touch, smells, and light. In a few people, numbness and difficulties with speech can occur. The headache pain in migraine is usually on only one side of the head.

Estimates vary, but up to 39 million Americans live with migraine. The condition often starts in childhood; in fact, half of all people with migraine had their first attack before age 12, and children as young as 18 months have been known to have migraine.

Episodic or Chronic?

Most people with migraine have an attack every few months or less often; this is episodic migraine. But some people have attacks much more frequently. When migraine episodes occur 15 or more days per month, for three months or more, the condition is known as chronic migraine.

Episodic and chronic migraine are not two separate illnesses, explains Robert Pearlman, M.D., clinical associate professor of neurology at University of Alabama at Birmingham Hospital. “Migraine is there all the time,” he says, “but people with chronic migraine have more attacks.”

According to Juliette Preston, M.D., director of the headache center at Oregon Health & Science University in Portland, over time people with episodic migraine may develop more and more headaches for various reasons, including changes in hormones, elevated stress, illness, or an increase in the use of pain medications. Having more headaches decreases the threshold for new headaches, and the condition can become chronic and less responsive to medications.

All About Migraine



A healthy daily routine that includes avoiding triggers is essential for managing migraine.

MIGRAINES AREN'T CHEAP

MIGRAINE'S IMPACT reaches far beyond its debilitating physical aspects, resulting in "serious social and economic consequences," according to the Migraine Research Foundation. In the U.S. alone, the organization estimates the following:

- **\$36 billion:** Cost of healthcare and lost productivity associated with migraine per year
- **157 million:** Workdays lost to migraine every year
- **\$5.4 billion:** Yearly medical costs for treating chronic migraine

For more info, go to [HealthCentral.com/ChronicMigraineGuide](https://www.healthcentral.com/ChronicMigraineGuide).

Migraine Origins

Both genetics and environment play roles in who gets migraine. Up to 90% of people who live with migraine have a family history of the illness. If one of your parents has migraine, you have a 50% chance of having it as well. If both parents do, your risk is 75%.

Various foods, certain medications, stress, and changes in weather or routines can trigger attacks. Note that a trigger isn't the same as a cause; a trigger is simply something that is likely to set off a migraine attack. Triggers vary greatly from person to person and can even vary for the same individual—something

that triggers a migraine episode one day might not have that effect on another day.

The cause of migraine is something else entirely, and in some ways, more mysterious. "No one knows for sure exactly what causes migraine," explains Dr. Pearlman, "but changes in the levels of serotonin and other neurochemicals are definitely involved. This affects the trigeminal nerve system, a constellation of nerves in the face and head. The thinking now is that patients with migraine have some basic neurological problem that manifests as migraine headaches."

Both men and women get migraine. Prior to puberty, boys are more likely

to experience attacks than girls, but overall, women are three times more likely to have the condition than men. It is not entirely clear why.

Many women find that they are more likely to have attacks just before or during their menstrual periods, and often migraine improves for women after menopause. This suggests that hormones (probably estrogen) are involved. However, the situation is likely more complex than that, says Dr. Preston. "Estrogen is a trigger for some women, but not all," she says. "Some women find that their headaches lessen after menopause, but others, unfortunately, do not."

A Challenging Condition

It is hard to overestimate the costs, both personal and economic, of migraine. When you have a migraine attack, it is difficult, if not impossible, to work, study, or conduct any of the routine activities of daily life. Add to that the fact that attacks typically last between four and 72 hours (and in some cases a week or longer), it's not surprising that migraine is ranked the second most disabling disease in the world, according to the Global Burden of Disease Study, which estimates the prevalence of disease and the relative harm it causes.

"If you have chronic migraine, it can be very difficult to maintain employment or keep up in school. It really changes daily life," says Dr. Pearlman. "When you're experiencing an attack, you're just miserable; you're unable to do much of anything."

The good news is that complications from migraine are rare. "Generally, there is no long-term issue," says Dr. Pearlman, "though there is a slight increase in the risk of stroke for some people with migraine."

Chronic migraine is a challenging illness. Unfortunately, there is no cure; it is a condition that you need to learn to manage. But thanks to new medications and various lifestyle measures, such as avoiding triggers, it is possible to live a full and productive life with the condition. ■



IT'S MORE THAN A HEADACHE

YOU MAY CYCLE through one or more of the following stages when experiencing a migraine attack:

■ **Prodrome:** As early as three days before a migraine headache, some people may start yawning more for no reason, become sensitive to light, have food cravings, or experience mood changes.

■ **Aura:** This term refers to transitory symptoms that may start five to 60 minutes before a migraine headache begins. You may start seeing flashing lights or wavy lines, or temporarily lose part or all of your vision. Aura can sometimes include verbal disruptions, sensory disturbances such as mild hallucinations, vertigo, dizziness, or motor problems such as tingling, weakness, or numbness in the extremities.

■ **Headache:** For the majority of migraine patients, this is the worst phase. You can be in extreme discomfort or pain for four to 72 hours.

■ **Postdrome:** After the headache phase is finished, you may feel exhausted, as though you were run over by a truck. This is the final stage of the migraine attack. You probably need at least several hours to recover.



What to Tell Your Doc

Preparing for your appointment is essential for getting the proper care. Here's what your doctor needs to know.

If you have frequent headaches and you or your primary care doctor suspects that you have chronic migraine, you may be referred to a neurologist—a doctor who specializes in disorders of the brain and nervous system. Because a doctor will diagnose chronic migraine based on your symptoms and the pattern of your headaches, most of your initial appointment will consist of talking, as opposed to undergoing a detailed physical exam.

Of course, as in almost all office visits, someone will record your

blood pressure and weight, and ask about any pain or discomfort you have. Following are a few other things you can expect when you go to the doctor, as well as some steps you can take to make the most of your appointment.

Make a List

You'll be better able to help your doctor help you if you thoroughly plan for your visit. Juliette Preston, M.D., director of the headache center at Oregon Health & Science University in Portland, suggests that you make the



Keep track of your symptoms in a headache diary and share this with your doctor.

following lists and bring them to your appointment:

- All the medications you are currently taking
- Medications that help relieve your headaches
- Drugs you have tried that did not help your headaches
- All of the people in your family who you know have or had migraine; be sure to include the relationship of each to you.
- Things you want to know (see the sidebar on the opposite page)

Dr. Preston also suggests keeping a headache diary and bringing it to your appointment. It’s very helpful for your doctor to know as much as possible about your symptoms—details such as when each episode started, how long it lasted, what you were doing just

before it began, and what helped it, as well as what made it worse. Here are a few questions to consider (also see “Migraine Tracker” on page 15):

- What were you doing in the days and hours before each episode began? Make note of any foods you ate or activities you did.
- Did any life stresses increase in the days before each attack?
- Did you have any symptoms in the hours before the pain began? If so, be as specific as you can in describing them.

In the Exam Room

“At first, we just chat a little, get to know each other,” Dr. Preston says of a typical visit with her. “I’ll want to know what brought you in, about the stresses in your life, what you eat, how well you sleep, how much

exercise you get, and what your life-style is like.”

Before the visit, Dr. Preston—like many doctors—provides her patients with a questionnaire. If your doctor gives you something similar, fill it in as accurately and with as much detail as possible. This will save time at your appointment, allowing you and your doctor to discuss your information in greater depth and giving you both more time for follow-up questions.

Tests to Expect

Your doctor is unlikely to order many laboratory tests. “Any testing I do is to rule out other things,” says Robert Pearlman, M.D., clinical associate professor of neurology at University of Alabama at Birmingham Hospital. “Not often, but in certain cases, I might order brain scans—for example,

ISTOCK (2)

if the patient never had headaches before and the headaches started suddenly, or if the headaches were accompanied by weakness. These tests would be performed to rule out various things that can cause headaches, like tumors or sinus problems.”

Scans your doctor might order would likely be CT (computed tomography) or MRI (magnetic resonance imaging). But don’t be concerned if your doctor sees no need for brain scans. The likelihood that your headaches are caused by a tumor is slim, and your doctor will know which symptoms indicate that a brain scan is necessary. “Most people who have brain tumors have headaches, but most people with headaches do not have brain tumors,” Dr. Preston explains. So try not to let yourself jump to thoughts of cancer.

Your doctor may order some blood tests to check for infection, and in rare cases, may want to examine some spinal fluid, which is taken by inserting a thin needle between two of the vertebrae in your lower back. This can be done as an outpatient. Like the brain scans, these tests are performed in order to rule out other possible but unlikely conditions that might be causing your symptoms. ■

ISTOCK



ASK YOUR DOCTOR . . .

■ **What exactly do I have?** Be sure that you understand what your diagnosis is and what it means. “There are over 200 subtypes of headaches,” explains Dr. Preston, “and sometimes people leave their doctors’ offices without knowing their diagnosis or understanding what the diagnosis means.”

■ **What can I do to reduce the frequency of my headaches?** Preventive drugs are designed to lower the number of attacks you have, so ask your doctor if any might be an option for you. Also, ask if there are any lifestyle changes that could help. Dr. Preston recommends avoiding your migraine triggers (alcohol and fermented foods are some common ones) and practicing stress-reduction techniques, such as mindfulness meditation.

■ **How often will I need to see you?** Because migraine is an ongoing illness, you will probably need to see your doctor regularly, so ask how often you should expect to have appointments. Dr. Preston sees her patients every two months until they are stable; after that, they check in once a year to make sure things are still going well and to address any new issues that may have arisen.

■ **How do I explain migraine to my family and boss?** Managing family life and a job is hard enough without needing to manage migraine as well. But it will be much easier if the people in your life understand your illness and what you are going through. Your doctor may be able to give you some tips on how best to explain to others what migraine is and how it affects you.

For more tools and tips, go to **HealthCentral.com/ChronicMigraineGuide.**

Your Life With Chronic Migraine

In the past month, have migraines made it difficult to work effectively?

A horizontal pain scale diagram consisting of five colored rectangular segments. From left to right, the segments are: green (labeled 'No Pain'), light green (labeled 'Tolerable'), yellow (labeled 'Intense'), orange (labeled 'Very Intense'), and red (labeled 'Unbearable'). Below each segment is a small white circle, representing a tick mark on a scale.

Have you tried these types of migraine medications?

Are you currently on a treatment for migraine?
☐ Yes ☐ No If yes, which treatment?

Great Very Helpful Helpful A Little Helpful No Help at All

☐ Aura
 ☐ Other _____

☐ Light-sensitivity

☐ Nausea

☐ Vomiting

☐ Smell-sensitivity

☐ Sound-sensitivity

☐ None of the above

How long (minutes, hours, days) do your migraine attacks last, on average?

How often do migraine attacks disrupt your sleep habits?

Do you have a migraine self-care routine that works for you?

Migraine Tracker

[illegible]

Questions about your migraine medications? Your pharmacist can probably help.

Get Relief Now

Many more meds are available these days to help prevent or treat your migraines.

Although chronic migraine can't be cured, the treatments available today can help decrease the frequency and severity of migraine attacks. "The condition can be properly treated, and the overwhelming majority of patients experience relief," says Lawrence C. Newman, M.D., professor of neurology at NYU Grossman School of Medicine and director of the headache division at NYU Langone Health in New York City.

To manage chronic migraine, you typically need a preventive medication, to stop attacks from occurring, and acute meds, to lessen symptoms after an attack starts. Finding a treatment regimen that works may require some trial and error.

Preventive Medications

Not all preventive medications work for everyone, and these drugs don't stop all migraine episodes, but they can significantly cut down on the frequency of attacks.

■ **OnabotulinumtoxinA (Botox):** This treatment has been shown to reduce the number of hours of headache per month by about one-third—plus, you may be better able to perform your everyday activities while having headaches. A typical course of treatment involves getting injections every 12 weeks. It isn't effective for everyone, but for many people, "it really works. Patients tell me it gives them their lives back," says Greg Dussor, Ph.D., professor at the School of Behavioral and Brain Sciences at the University of Texas at Dallas. Neck pain and headache are rare side effects.

■ **Monoclonal antibodies:** Several newer medications—eptinezumab (Vyepti), erenumab (Aimovig), fremanezumab (Ajovy), and galcanezumab (Emgality)—work by blocking the activity of CGRP, a molecule involved in migraine. Research has shown that for many people these drugs reduce the number of migraine days per month.

■ **Cardiovascular drugs:** Some meds used to treat high blood pressure can also help prevent migraine attacks. These include beta-blockers and calcium channel blockers. Side effects for beta-blockers include dizziness, fatigue, depression, nausea, and insomnia. Calcium channel blockers can lead to weight gain, constipation, dizziness, or low blood pressure.

■ **Tricyclic antidepressants:** Amitriptyline and nortriptyline may reduce the number of migraine attacks by changing levels of brain chemicals such as serotonin. They can induce dry mouth, tiredness, weight gain, and constipation, however.

■ **Antiseizure meds:** Topiramate (Topamax and others) and divalproex sodium (Depakote) can also lower migraine frequency. Possible side effects include weight change, dry mouth, sedation, memory issues, and decreased libido. Both drugs have been associated with fetal abnormalities.

Acute Medications

Also called abortive meds, these tend to work best if taken as soon as you feel an episode coming on. But taking them too often can lead to medication overuse headaches. Ask your doctor about how often to take these.

■ **Triptans:** These drugs stop the release of certain neurotransmitters, constrict blood vessels, and block pain pathways in the brain. They include sumatriptan (Imitrex, Onzetra Xsail, Tosymra, Zembrace), naratriptan (Amerge), zolmitriptan (Zomig), rizatriptan (Maxalt), almotriptan, frovatriptan (Frova), eletriptan (Relpax), and a combo of sumatriptan and naproxen sodium (Treximet). Triptans should not be taken by people with heart conditions or impaired liver function, or those who have had a stroke.

■ **Lasmiditan (Reyvow):** This drug is the first in a new class of meds called ditans. It's like a triptan, except that

MORE TREATMENT OPTIONS

COMPLEMENTARY THERAPIES may offer migraine prevention and relief for some:

■ **SUPPLEMENTS:** Many supplements—magnesium, riboflavin, coenzyme Q10, and feverfew—have been touted to prevent migraine. "Supplements will not work that well for many people with chronic migraine," says Dr. Dussor. "But they often have no side effects, and for that reason they're worth trying." Talk with your doctor first to make sure there aren't any interactions between supplements you're considering and meds you're taking.

■ **MASSAGE AND ACUPUNCTURE:** Acupuncture (the insertion of very fine needles into specific points on the body for pain relief) and massage may help, though little research has been done to show their effectiveness in people with chronic migraine.

it doesn't constrict blood vessels. The makers of lasmiditan caution that a small number of users may experience serotonin syndrome (excessive levels of serotonin), driving impairment, or medication overuse headaches.

■ **Gepants:** This drug class includes ubrogepant (Ubrelvy) and rimegepant (Nurtec). While not as fast-acting as some other meds, gepants are generally better tolerated and don't constrict blood vessels. Both drugs can cause nausea. Another common side effect of ubrogepant is drowsiness.

■ **Analgesics:** Over-the-counter painkillers such as aspirin, naproxen, ibuprofen, and acetaminophen may be taken alone or combined with other meds to relieve mild to moderate headaches. Regular use of some can lead to gastrointestinal bleeding.

■ **Ergots and ergot derivatives:** These drugs, which are often combined with caffeine (such as Migergot), narrow the blood vessels around the brain and prevent inflammation produced by neurotransmitters. Because they can cause or worsen nausea, they are sometimes taken with anti-nausea meds. Dihydroergotamine, available as an injection (DHE 45) or a nasal spray (Migranal, Trudhesa), has fewer side effects. These drugs should not be used by people with heart conditions.

■ **Opioids:** Narcotic pain medicines, such as oxycodone (OxyContin) and hydrocodone, are sometimes used as a last resort for severe pain. Opioids are *highly* addictive, so they're used much less often now.

Other Approaches

■ **Behavioral treatments:** Cognitive behavioral therapy (CBT), biofeedback, and relaxation techniques can be useful adjunct treatments. They often address common migraine triggers, such as stress, sleep disturbances, anxiety, or depression. CBT is a type of psychotherapy that helps people understand how their thoughts and behaviors affect their symptoms. Biofeedback involves connecting patients to computers that provide feedback about muscle tension, and teaching them relaxation techniques.

■ **Neuromodulators:** These devices use electrical currents or magnets to stimulate neural pathways in the brain to prevent or relieve pain. FDA-cleared devices include Cefaly, a visor-like trigeminal nerve stimulator; the sTMS mini, a transcranial magnetic stimulator; gammaCore, a handheld vagus nerve stimulator; Nerivio, a smartphone-controlled armband stimulator; and Relivion MG, a headset that stimulates branches of the trigeminal and occipital nerves. ■



For more info, go to [HealthCentral.com/ChronicMigraineGuide](https://www.healthcentral.com/ChronicMigraineGuide).



Sanders holds a proclamation recognizing June as National Migraine and Headache Awareness Month in Virginia, a measure granted at her request.

Migraine Warrior

This chronic migraineur found a purpose for her pain by speaking up for others with the condition.

To see **Jaime Sanders** preparing a meal, spending time with her three grown kids, speaking on a panel, or meeting with lawmakers on Capitol Hill, you'd never know that she was in pain. Sanders, 43, of Fredericksburg, Virginia, has had chronic migraine for the last 15 years, but she rarely lets it get in the way of her roles as wife, mother, blogger, and patient advocate.

Sanders' migraine journey actually began much earlier in her life. When she was 2 years old, she

experienced frequent bouts of nausea and vomiting, accompanied by sensitivity to light and sound. The diagnosis: abdominal migraine, which doesn't usually include head pain as a symptom.

Her first migraine headache struck when she was in the third grade. "The pain was horrendous," Sanders recalls. "It was one-sided, behind my left eye, and I just didn't understand how something could come on so quickly and be so painful."

Sanders had more headaches as she was growing up. She kept them somewhat under control with over-the-counter pain relievers, but it was never smooth sailing. "My routine for managing my headaches was being in the dark, having a cold washcloth on my forehead, and just waiting for the moment when I was able to vomit because then the pain would decrease enough for me to fall asleep," she says.



Sanders with her sister, Kimberly Lyne, after getting an advocate award.

Pushing Through Pain

To make matters worse, Sanders says, adults didn't always understand how intense her pain was. "I felt like I wasn't taken seriously," she says, "and that makes you feel diminished and invalidated."

Sanders tried to power through, forcing herself to play with the kids at recess even when she was nauseated by pain. "I didn't want to be *that* kid," she says. Still, her headaches seemed to sideline her at key moments in her life, like ballet recitals and the father-daughter dance she was looking forward to at her older sister's wedding. A migraine hit just as she entered the reception hall and she slunk into the bathroom, hoping the pain would subside.

Sanders rallied a while later after having some pain medicine and caffeine, but she had missed the dance. "I completely lost that moment," she says. "I can never get that back."

To deal with her emotional pain, Sanders turned to writing. "I wrote a lot of poetry, especially when I was in high school," she says. "That's how I dealt with feeling different, like I didn't fit in."

A Turn for the Worse

When Sanders reached adulthood, she discovered prescription migraine medications. However, either they didn't give her complete relief, or they were effective but she couldn't tolerate the side effects.

Then things went from bad to worse. When Sanders was 23 and in the first trimester of her pregnancy with her third child, she got the most intense headache of her life—and it didn't let up for three months. She thought a tumor must be responsible, but tests ruled that out.

By age 27, Sanders' migraine had gone from episodic to chronic, and was more difficult to treat. She and her neurologist kept searching for ways to quell the pain—from different types of migraine medications to nerve blocks and an implanted device. Some treatments were



The Sanders celebrate son Keane's high school graduation in 2018. Also pictured here are daughter Kiera, husband Darnell, and son Kamell.

effective for a while, but then they stopped working.

However, just as Sanders had done as a little girl, she never stopped engaging in life. "I was going to be in pain regardless," she says. "I sat through football games, basketball games, orchestra recitals, and Girl Scout meetings. I even became a co-leader with my daughter's troop and was the cookie mom. I pushed myself past my pain to be there and be who I thought a mom should be."

Finding Relief

Sanders and her doctor eventually started combining different treatments to see what might work. By taking a preventive oral migraine medicine, combined with periodic injections and nerve blocks, she has finally been able to reduce the severity of her migraines, which still come almost daily. "Unfortunately, it doesn't reduce the frequency, but I am OK with them not being extreme

every day," she says. "That makes life a lot more livable for me."

Sanders also relies on meditation, massage, and cryotherapy (the use of cold packs on the neck or head) to keep her pain manageable. She stays hydrated with water flavored with herbs or fruit and keeps the pantry stocked with ginger to ease nausea, among taking other holistic measures. "There's no one thing that's going to help every single person with this disease," Sanders says. "But the more tools that you have in your tool kit, the better."

There are times, however, when the pain reaches a crisis point and Sanders needs emergency treatment to get relief. Such times can be fraught, particularly for people of color, she says.

"There have been many times, especially getting treatment in an urgent care facility or emergency room, where my pain was dismissed," Sanders says. "Unfortunately, many



Dotty the goat, a neighbor's pet, plants a big one on Sanders' cheek.

people of color who go to an emergency department or urgent care for pain are treated as drug seekers. As a Black woman, I've also had to deal with implicit bias and perceptions about how I feel pain—or if I feel pain at all.”

One strategy that she's found to be helpful is bringing a binder filled with information about her condition to these visits. “It's come to the point where I have to show up with proof of my disease,” Sanders says. “I have a letter on letterhead from my headache specialist, giving a synopsis of my disease, what I am currently taking, what failed me in the past, and why I end up at this stage because what I have at home has failed. And if I end up in the ER, these are the medications I need and their doses.”

Finding Her Voice

Not surprisingly, Sanders' struggles can lead to serious bouts of depression and anxiety. Therapy and

medications have helped. And she relies on friends and family to bolster her emotional well-being.

“Thankfully, I have a very supportive family,” Sanders says. “My husband has been with me through many attacks. He's seen me progress, but he's never made me feel like a burden or guilty for becoming chronically sick. And my kids knew growing up that Mommy has head pain, that Mommy's brain is different. I'd say, ‘Sometimes I'm not going to be able to show up the way I want to. But that doesn't affect how much I love you and care about you.’” They are more empathetic adults as a result.

Sanders' work as a patient advocate has also made a significant difference in her life. It started when she began blogging about life with chronic migraine in 2011 as the Migraine Diva. “I didn't know anyone who experienced migraine like I did,” she says. “I was almost desperate for a community of people who understood what I was going through.”



Sanders speaking at CHAMP's first annual migraine retreat in 2019.



Sanders says painting is a great distraction from daily pain.

Sanders was invited to participate on a panel addressing chronic migraine in 2016, which led to other opportunities to speak up, often representing Black women with the condition. “I felt like it was my responsibility to bring these voices into the conversation,” she says. She is active with the American Migraine Foundation (americanmigrainefoundation.org) and is a founding member of the Disparities in Headache Advisory Council, part of the Coalition for Headache and Migraine Patients, or CHAMP (headachemigraine.org).

Sanders has developed perspective about her condition: “It's very challenging trying to find your place and your value when so much is stolen from your life by migraine. But through the journey, I have found some purpose for my pain that has allowed me to use my experience as a platform to advocate not only for myself, but for other people who haven't found their voices yet.” ■

Q&A

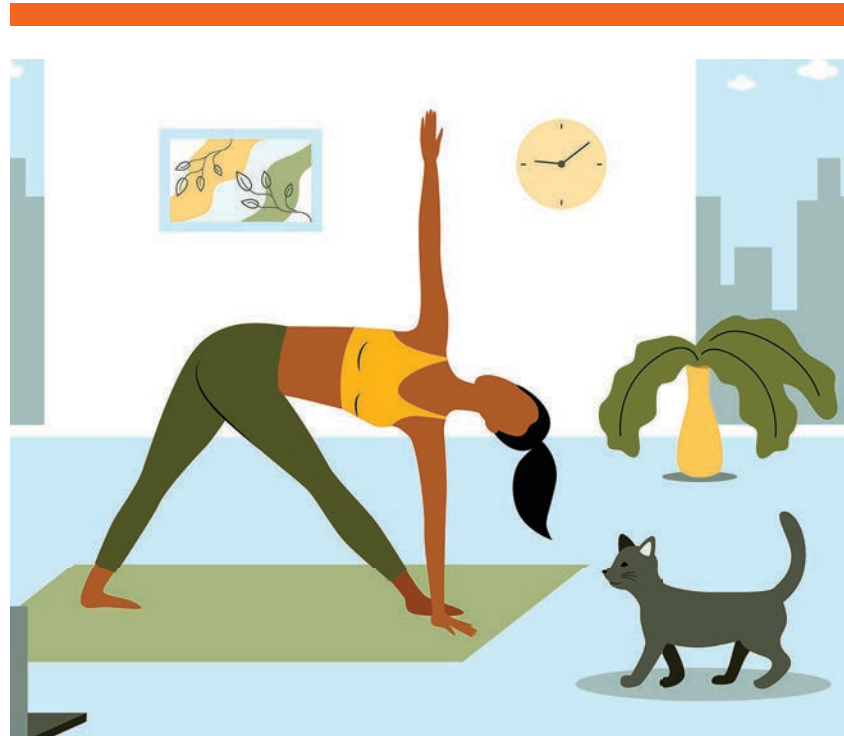
What are some summer migraine triggers that I should avoid?

Dr. Green: The migraine brain doesn't like change. So as the days change in length, don't change your sleep pattern—that can be very disruptive and make chronic migraine worse. The same is true of your eating pattern. Stay well hydrated—heat is a trigger for migraine, especially if you exercise in the heat. Carry a water bottle, and go for shorter exercise sessions during the day or exercise in an air-conditioned environment, if that's possible.

Dr. Ailani: It's very tough to avoid known triggers in the summertime. Seasonal allergies or asthma can worsen underlying migraine for some patients, so be prepared to start allergy or asthma treatment early. In the summer, there's a lot more sunlight, which is a big trigger for many people with migraine—make sure to have several pairs of sunglasses around, and carry a hat. Also, going from hot to cold environments—from outside to an air-conditioned office—or vice versa can be a trigger. I recommend being prepared with ice water and bringing an extra layer for indoors if it's cold. If storms and changes in barometric pressure trigger migraines, preventive treatment can help reduce their severity.

■ What should I do if I feel a headache coming on, especially when I'm at work or with my kids?

Dr. Green: The answer depends on how often this occurs. We don't want



someone to hold back in treating their migraine, but we also don't want them to develop medication overuse headaches. If you can detect which migraines are going to be bad—keeping a headache diary can help with this—use acute medications early and aggressively [following your doctor's instructions]; otherwise, the migraine is likely to get worse. If headaches are coming on frequently, the gepant drugs and [wearable neuromodulation] devices, such as Cefaly, Nerivio, sTMS mini, or gammaCore, are the best way to go.

Dr. Ailani: A lot of times people get very anxious at the onset of an attack. With a combination of taking as-needed medications and [using] behavioral treatments—such as relaxation breathing, progressive muscle relaxation, or biofeedback—you have a better chance of getting rid of the headache more quickly.

■ How can I tell if it's a migraine attack or a COVID-19 headache?

Dr. Ailani: That's a tough one because a lot of times with COVID

it can start out like a headache and it can feel similar to a migraine. So it's important to look for other factors—if it doesn't respond to your typical treatment or if you have other symptoms such as fever, body aches, fatigue, or congestion—that suggest your headache may be due to an infection such as COVID.

Dr. Green: You have to look at the circumstances. Do you have a fever or other COVID symptoms? Also, remember that you're not going to get COVID every time you have a glass of red wine or get your period. The most common headache as a result of COVID is a new, daily, persistent headache, or suddenly having very frequent migraines.

■ I've heard that some people who get COVID develop long-lasting headaches that don't respond to treatment. Can the vaccine cause that, too?

Dr. Ailani: Some people have had a migraine attack the day after getting the COVID vaccine. These typically respond to migraine

Exercise is helpful not just for reducing the frequency of attacks, but also for reducing the impact of migraine in general. It's good for overall brain health, and consistent exercise is good for the migraine brain, which craves consistency.

—Dr. Mark W. Green

treatments but sometimes can last longer than usual. If the headache does not respond to your typical migraine treatment or feels different than your typical migraine, it should be checked out by your healthcare provider.

Dr. Green: We've looked for that, but we don't think so. This is a new world with mRNA vaccines, so there's still a lot that isn't known. But being concerned about persistent headaches isn't a reason to avoid the vaccine—if you get COVID, the risks are much higher.

■ I take supplements to help with my migraines. Can they interfere with my migraine medications?

Dr. Green: A lot of supplements aren't tested, and in my experience, they work only modestly for migraines, so I don't always recommend using them. Most supplements won't interfere with your migraine medications. Riboflavin, magnesium, and feverfew are likely to be safe. We have concerns over the use of butterbur.

Dr. Ailani: The best way to really know if a supplement you're taking will interact with a migraine medication is to talk to your healthcare provider or your pharmacist. One [substance] that may interact with migraine medication is CBD [cannabidiol]. CBD is often used for pain, and it can make some migraine medicines—such as gepants or DHE [dihydroergotamine]—less effective.

■ Will exercise help with my migraine episodes?

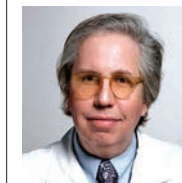
Dr. Green: It's helpful not just for reducing the frequency of attacks, but also for reducing the impact of migraine in general. Exercise is good for overall brain health, and consistent exercise is good for the migraine brain, which craves consistency. In general, daily low-impact exercise, such as walking, is helpful in the management of chronic migraine. You may not feel like exercising while you're having an attack, but if you choose to, stick to very-low-impact exercise.

Dr. Ailani: In general, we do recommend regular cardiovascular exercise to reduce the frequency of migraines. We think exercise improves good-feeling chemicals like dopamine and natural cannabinoids in the brain. But don't go for a run or a high-intensity workout on days when you don't feel well. You can just walk outside, do yoga, or do stretching and guided meditation on those days. The important thing is to have some movement on a day-to-day basis.

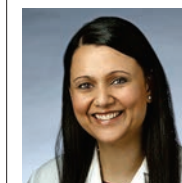
■ Will my chronic migraine ever be cured? Or will episodes become less frequent or disappear as I get older?

Dr. Ailani: Maybe someday we will have a treatment that cures migraine, but at this time, there is no cure. Many of the women I care for have improvements in their migraines, especially as they reach menopause and their hormones stabilize, while others continue [to have them] with the same frequency—the pattern is different for everybody. I haven't seen any age-related patterns in men.

Dr. Green: It's possible, but we really can't predict. What we do know is the more aggressively you manage migraine, the more likely it is to get better. Undertreating migraine is bad for you, just like undertreating diabetes or asthma is bad for you. Migraine is often progressive—the more migraine attacks you have, the more severe they become. ■



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Living with chronic migraine can be difficult. Here's how six seasoned migraineurs do it.

Real-Life Advice



■ “YOU REALLY NEED a team. I have my headache specialist, nurse practitioner, and psychotherapist. Also helpful is having a migraine action plan. It’s like a care plan. My doctor and I can change it as necessary. What is your goal for your next doctor visit? What meds are you on, and what do you need to change?”
—*Kelly Amspacher, 60, Havertown, PA*

■ “THE ONE THING I wish I had known when I was diagnosed with chronic migraine at age 20 is that there are so many people out there just like me. I just needed to find them. Feeling like you are alone is so hard. When you find other people going through the same thing, that’s a game changer.”
—*Danielle Newport Fancher, 34, New York, NY*

■ “EDUCATE YOURSELF on the disease, as it’s a complicated one and its symptoms, triggers, and cycles are highly individualized, which has made it so difficult to treat. But know that we are in a much better place with a brighter future for treating migraine than we have ever been, as in recent years researchers have had major breakthroughs in learning more about what happens in the brain before, during, and after the migraine attack.”
—*Kathy O’Shea, 58, Rochester, NY*

■ “I STRUGGLE WITH finding abortive medications that actually work and knock out my migraine when one sets in, so I would advise someone to not discount more natural ways of managing migraine. Regular massage,

neck stretches, peppermint essential oil, and topical CBD [cannabidiol] have all proven helpful for me.”
—*Rachel Bennetts-Wu, 43, San Diego, CA*

■ “IT IS KEY to keep a detailed, accurate record of all the medications that you are prescribed. The longer you have chronic migraine, the more medications that you will take and then forget about. It is important to know what you have taken, how it worked, and why you have stopped it. I do this on a spreadsheet and hand it in when I get to the doctor’s office.
“Also, I realized that being overscheduled was contributing to chronic migraine. So I try not to overschedule, especially on

the weekends and during any other downtime that I have. I just need to rest, watch TV, read, and talk to friends on the phone. It cuts into socializing, but I don’t know when I will have the energy.”
—*Helen Patterson, 67, Maggie Valley, NC*

■ “I AVOIDED so many foods for years because I thought they were triggering migraine attacks. My migraine went chronic anyway, and I learned that the food I eat is not responsible for my attacks. It helps me to remember that connecting with others who have chronic migraine is important for validation and support.”
—*Angie Glaser, 32, Costa Mesa, CA*



For more info, go to HealthCentral.com/ChronicMigraineGuide.

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