Expert Advice on Allergies & Migraine p. 22

Migraine Stages ▸ Latest Treatments ▸ Lifestyle Changes

HealthCentral

Chronic Migraine

+

Life Hacks for Handling Migraine p. 24

Scan for More Info

WELCOME to HealthCentral's guide to **Chronic Migraine**. On 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.**

SEEKING MIGRAINE RELIEF

MORE THAN 90 percent of people with migraine turn to some form of non-mainstream therapy to manage their condition, according to a recent study.

The study, published in *BMC Complementary Medicine and Therapies*, examined the use of complementary and integrative medicine (CIM). This describes treatments such as dietary supplements, vitamins, and herbs; yoga and meditation; and acupuncture, massage, and chiropractic care.

Researchers at Yale University asked migraine patients in a Facebook group about their use of CIM to prevent attacks. Among the 370 respondents—the majority of whom had chronic migraine—the most common choice was vitamins (19 percent), followed by meditation and other relaxation practices (6 percent). More than half (56 percent) reported using a combination of treatments, but just one in five ran these choices by their doctor. Nearly half used cannabidiol (CBD) oil and other cannabis derivatives, with 39 percent reporting that those substances were not effective.

Bear in mind that Facebook users may not be representative of all migraine patients. What's more, the largest portion of respondents said CIM therapies were only "slightly effective" in reducing headache days. This is why these treatments may complement—but shouldn't replace—the regimen your doctor has prescribed. Check with your doctor before taking any supplements, some of which are unsafe.

85 **Percentage of U.S. migraineurs who are women**

DON'T IGNORE LEG PAIN

Past research has linked migraine to clogged arteries, a cause of heart attacks and strokes. A recent study has uncovered evidence that people with migraine have a higher risk for peripheral artery disease (PAD)—when arteries, usually in the legs, become narrowed, restricting blood flow. PAD causes cramping, pain, and fatigue when you move.

Researchers reviewed the medical records of 37,288 migraine patients who were free of PAD at the start of the study, as well as those of an equal number of people without migraine. The analysis, published in the *International Journal of Environmental Research and Public Health*, showed that over a six-year period, people with migraine were 65 percent more likely to develop PAD.

PAD can be disabling, so the authors of the study recommend that people with migraine be monitored regularly by a cardiologist for PAD and other forms of vessel disease.

FROM TOP: GETTY IMAGES; ISTOCK. COVER: ISTOCK

THE EXERCISE FACTOR

THE RELATIONSHIP BETWEEN exercise and migraines is controversial: Some studies show that working out reduces the frequency of attacks, while others suggest that huffing and puffing can trigger them. New research offers clues that regular physical activity may protect against developing the disease of migraine.

In a study published in the journal *Headache*, 393 university students were asked how much they participated in sports or exercised each week and whether they'd had migraine symptoms in the past three months. The researchers found that 102 participants may have recently experienced migraine. Among them, women (but not men) who reported the least amount of activity were most likely to have had recent migraine symptoms.

This study has some important limitations. "It only shows that there is a correlation between physical activity and migraine," says Lauren R. Natbony, MD, assistant professor of neurology at the Icahn School of Medicine at Mount Sinai in New York City. Additionally, while the findings suggest that physical activity may decrease migraine in certain populations, says Dr. Natbony, the study was small and not designed to prove the protective effects of exercise. It's also possible, she notes, that some women weren't exercising because they had migraines.

Still, keep lacing up your sneakers: Other research suggests that regular moderate-intensity activity, such as brisk walking or swimming, reduces the occurrence of migraines and that sedentary people have more attacks.

GOOD ZZZs AND MIGRAINE

ISTOCK (2)

Many people who have migraine also struggle with insomnia. While it's not surprising that having severe chronic headaches might keep you up at night, researchers have now uncovered genetic evidence that the opposite may be the case, too: Having insomnia may be a risk factor for migraine.

In a study published in *Annals of Clinical and Translational Neurology* in October 2020, researchers scanned huge databases of genetic and lifestyle information to search for genes that control specific sleep traits (such as how much you sleep or whether you're a "morning person") and affect the risk for migraine. They found that genetic variants influencing migraine also regulate certain sleep habits and disorders, including insomnia or difficulty waking up in the morning.

The study offers hope that treating insomnia may reduce migraine episodes, though more research is needed, says Iyas Daghlas, a Harvard Medical School student and lead author of the study. "But healthy sleep habits likely protect against many chronic diseases," says Daghlas, so there's only an upside to overcoming insomnia. If your primary care doctor is unable to help you get more shut-eye, says Daghlas, "it may be worth exploring a consultation with a sleep specialist."

4 **Millions of Americans who have chronic migraine**

Understanding Migraine

Getting the right treatment can mean more headache-free days for the activities you enjoy.

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, MD, 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, MD, 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, increased stress, illness, or simply using pain medications more often. Having more headaches decreases the threshold for new headaches, and the condition can become chronic and less responsive to medications.

A healthy daily routine is essential for controlling migraine attacks, giving you a better quality of life.

THE BURDEN OF MIGRAINE

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 that healthcare and lost productivity costs associated with migraine are as high as $36 billion a year. More than 157 million workdays are lost each year because of migraine. And the medical cost for treating chronic migraine is more than $5.4 billion a year.

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

Migraine Origins

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

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 NOT JUST 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 this corner of hell 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.**

PREVIOUS SPREAD & THIS SPREAD: GETTY IMAGES ISTOCK

ISTOCK

Something to Talk About

For the best care, be prepared to tell your doctor all about your migraines.

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. The 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.

How to Prep for a Visit

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

Bringing a headache diary to your appointment is helpful.

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 is 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 lifestyle 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, MD, associate professor of neurology at University of Alabama at Birmingham Hospital. "Not often, but in certain cases, I might order brain scans—for example, 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 in order to check for infection, and in rare cases, may want to examine some spinal fluid, 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 (2)

GETTY IMAGES

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.**

Doctor Discussion Guide

Chronic Migraine

When managing migraine, it's important to monitor your symptoms, ask the right questions, and work with your doctor to receive the appropriate care. Complete the guide below and the tracker on the opposite page, then share them with your doctor to make the most of your appointment. This will help you and your doctor develop a better understanding of your triggers, symptoms, and treatment options.

Your Migraine Experience

On average, how many migraine attacks do you have in a month? ☐

How would you describe your migraine symptoms during the past month? *(check on scale below)*

1 No Pain · 2 Tolerable · 3 Intense · 4 Very Intense · 5 Unbearable

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

How much time (minutes, hours, days) does it take for you to feel normal again once a migraine attack has passed? ☐

How often do migraine attacks disrupt your sleep habits? ☐

In relation to migraine, do you ever experience:
(check all that apply)

- ☐ Aura
- ☐ Light-sensitivity
- ☐ Nausea
- ☐ Vomiting
- ☐ Smell-sensitivity
- ☐ Sound-sensitivity
- ☐ None of the above
- ☐ Other _____

Your Life and Migraine

In the past month, how many days has migraine affected your ability to work? ☐

How many social/family events have you missed in the past month due to migraine? ☐

Has migraine interfered with your daily life?
☐ Yes ☐ No If yes, please explain:

_____

_____

_____

_____

Your Migraine Treatment

Have you tried these types of migraine medications?

Acute:	☐ Yes	☐ No
Preventive:	☐ Yes	☐ No

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

_____

_____

_____

On a scale of 1 to 5, how well do you believe your current migraine treatment is working? *(check on scale below)*

1 Great · 2 Very Helpful · 3 Helpful · 4 A Little Helpful · 5 No Help At All

▶ **Find more information and tools at: HealthCentral.com/ChronicMigraineGuide**

Migraine Tracker

Monitoring your migraine attacks can help you and your doctor uncover patterns and identify triggers. While some people turn to apps to help them with this, you can also use pen and paper. Feel free to make copies of the tracker below to record details about your migraines over the next two or three months, or simply use it as a jumping-off point for creating your own migraine diary. Then, bring this info to your next appointment. The more details you share at your visit, the better equipped your doctor will be to help you manage your condition.

Month/Year:

Date	Time	Symptom(s), Severity, Duration	Medication Taken, Dosage, Effect	Possible Trigger(s)	How My Day Was Affected

HealthCentral

Remember that your pharmacist is an excellent resource for answering questions about your medication.

Minding Migraine

With more migraine meds available these days, relief is in sight.

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, MD, professor of neurology 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 and improve quality of life.

- **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, PhD, associate 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.

ISTOCK

- **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 divalproex sodium (Depakote) can also lower migraine frequency. Unfortunately, that benefit may be accompanied by weight change, dry mouth, sedation, memory issues, and decreased libido; both drugs have also 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 (Alsuma, Imitrex, Sumavel, Tosymra, Zembrace), naratriptan (Amerge), zolmitriptan (Zomig), rizatriptan (Maxalt), almotriptan (Axert), frovatriptan (Frova), eletriptan (Relpax), and a combo of sumatriptan and naproxen sodium (Treximet). People with heart conditions or impaired liver function, or those who have had a stroke, shouldn't take triptans.

- **Lasmiditan (Reyvow):** This drug is the first in a new class of meds called ditans. It's like a triptan, except that 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 (e.g., Migergot, Cafergot), 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), has fewer side effects. These drugs should not be used by people with heart conditions.

- **Opioids:** Narcotic pain medicines, such as oxycodone (e.g., Oxycontin) and hydrocodone (e.g., Vicodin), are sometimes used as a last resort for severe pain or in people who can't take triptans or ergots. Opioids are *highly* addictive, so they're used much less often than they used to be.

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 hooking patients up to computers that provide feedback on physiological processes, such as 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 the Cefaly, a visor-like trigeminal nerve stimulator; the sTMS mini, a transcranial magnetic stimulator; gammaCore, a handheld vagus nerve stimulator; and Nerivio, a smartphone-controlled armband stimulator. ■

MORE TREATMENT OPTIONS

ALTERNATIVE THERAPIES also offer migraine prevention and relief for some people:

- **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.

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

Leaving her career behind because of chronic migraine was difficult, but Holly Harding now appreciates what she was given in return.

Necessary Changes

This mom's personal journey with migraine was tough, but it ultimately led to a richer life.

For **Holly Harding**, living with chronic migraine has been filled with challenges. Pain is a daily reality, and two or three debilitating migraine attacks per week is her "normal." Never knowing precisely when severe pain and nausea will derail her day means plans are often canceled, something that family and friends just have to understand.

"Migraine people can't always show up when we want to, which is not a reflection of our desire but of something we're living with," Harding says from her home in Chapel Hill, North Carolina. "It's a rare friend who can handle the constant cancellations that come with migraines."

Fortunately, Harding has such a friend in Renee. "I try to get together with her every Friday morning for a walk," she says. "But Renee has had to be so flexible about all the times I've had to cancel. It's not always a long walk, and it's not always in the same place. Sometimes it's just a talk on the phone, or sometimes I can't even do that."

But after decades of managing her condition and making significant changes because of it, Harding, 49, has come to see the "gifts" that having chronic migraine has brought her. She shares this perspective in blogs on **migraine.com**, where she's been a regular contributor since 2010, and in her daily interactions with others.

"Renee has given me so much love and flexibility and support, and I try to give it back every day to people who are in my circle," she says. "It's nourishing when somebody is compassionate toward us. It's important to give it out and to get it."

HOLLY HARDING

A Lifetime of Migraine

Harding had her first migraine at age 5. The episodes became more frequent in her teens, when hormonal changes brought severe symptoms four or five days a month, leaving her bedridden with crippling pain, nausea, and vomiting. In college, Harding majored in dance, but on her migraine days, she says, "I couldn't rehearse, I couldn't even stand up." She often needed emergency treatment at the campus medical center.

After graduation, Harding began pursuing her dreams, even with her sometimes-debilitating illness. She worked for nonprofit organizations and toured and recorded with several bands as a singer and songwriter. She married and had sons Henry Baddour, now 21, and Jack Baddour, 19. But her symptoms continued to worsen, and her condition became chronic. "I was bedridden during my pregnancies," she says. "It was like a switch had flipped and didn't turn back off after my second son was born."

Despite her condition, Harding continued pursuing her career. She advanced to a senior fundraising position at a global health nonprofit. In that role, she was in charge of private individual donors. Her job also involved travel to Africa. But as work stress escalated, so did her migraines—until they were taking over her life.

FROM TOP: KRIS CUTHBERTSON; JACK BADDOUR

Harding speaking on behalf of her son Henry's nonprofit, CleftProud.

Walks with her goldendoodle, Gracie Mae, are part of Harding's daily routine.

"I would be in a high-powered lunch meeting with a donor, closing a deal, and I would have to excuse myself, go vomit, and then go back and close the deal," she says.

Harding "tried everything" under the care of a neurologist/headache specialist, including taking several medications, but she still needed to be hospitalized regularly for migraine pain and dehydration from vomiting. She ended up with little energy left for her family, including her two young sons. "I spent nights and all weekend in bed. I never was not in pain. It was just a [matter of] gradation, a level of severity," she says. Clearly the treatment wasn't working, and her doctor proclaimed her his hardest case.

Finding Acceptance

In 2008, Harding traveled to the Michigan Headache & Neurological Institute in Ann Arbor for a three-week inpatient evaluation. While there, she learned about the physiological causes of migraine and practiced pain management techniques.

Harding returned home feeling refreshed and optimistic—at least temporarily. "I felt armed with knowledge about what migraine is," she says. "I had gone through all those years feeling victimized by it and taking a defensive posture. I realized that my energy is so much better spent hooking arm in arm with migraine every day, rather than pushing against it.

"With migraine, we feel out of control in our environment because it makes us see more brightly, hear more loudly," she explains. "But it's a part of me. I can't control having migraine, but I can control how I respond to it every day. I still do a lot of thinking about how I respond to it."

For Harding, the gifts—and the lessons—are accumulating. "It's in the stillness you need to have when you're having a migraine attack," she says. "It gives you a lot of time to reflect on what your life is about."

Harding cherishes spending time with her sons Henry, at left, and Jack.

Soon after Michigan, Harding began seeing a new neurologist (her previous doctor had retired), but her migraines continued striking several days a week. She credits this doctor with encouraging her to make a major change in her life when he first started treating her.

"I went to him one day crying," she says. "As a working mom with small kids, I was really struggling. I brought up a topic that I greatly feared. I said, 'I'm not sure I should be working this job anymore.' And he supported that route. The idea of stopping my career because of migraine was very hard to accept. I was a professional woman and identified myself through my job. But I realized that my dynamic with my family—and myself—was not in a healthy place."

With her doctor's help, Harding attained disability status, a necessary step but one that was difficult for her psychologically. "I thought if I stopped working, my migraines would go away, and I could go back to working in a year. But I had to realize that I have a disease, and the job is not the cause of it."

Her neurologist recently prescribed a new medication for her. The drug has helped reduce the severity of some attacks, but not the frequency.

New Horizons

Harding was despondent after leaving her job. "I really had to work through letting that part of my life go. It was a tremendous loss," she says. "You have this idea of your life, and then it gets sidelined by something that you have but never wanted."

Out of that loss, however, came the significant benefit of more time with her sons. "I was able to be present in a way that was immensely wonderful for all of us. In a weird way, it made me grateful for my migraines, because I was really able to be here with the boys as they were growing up, which was a huge gift, and I kept looking for those gifts. 'What is migraine giving me by sidelining me?'"

For Harding, the gifts—and the lessons—are accumulating. "It's in the stillness you need to have when you're having a migraine attack, or how to handle a body that's in some kind of sensitive pain all the time," she says. "You can't have the stimulus of bright lights and other people. It gives you a lot of time to reflect on what your life is about."

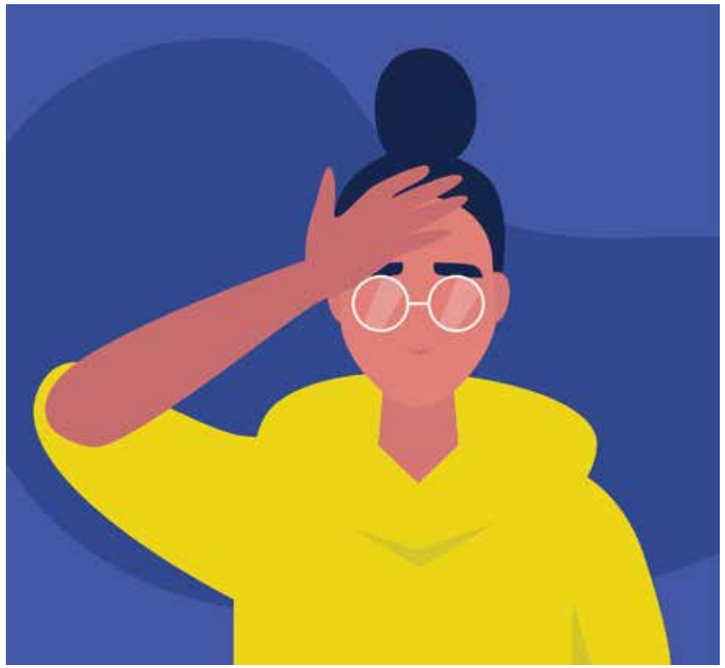
Her life is rich with family. Henry lives 45 minutes away; Jack is at home, taking college courses remotely; and her mom and sister live nearby. (Harding and her husband of 22 years divorced last year.) There's also her work for migraine.com; daily walks in the woods or on the University of North Carolina campus with her adorable goldendoodle, Gracie Mae; and occasional volunteering for Meals on Wheels and Henry's own nonprofit, CleftProud, which offers support to children undergoing surgeries.

In response to a question about her work, Harding pauses, then says, "I'm so grateful for having that work, but also I feel that there's so much emphasis on what we do. It's 'Hi, what's your name, and what do you do?' Migraine people often struggle with the title thing: 'What do I do in this world?'

"For me, I think it's so important to focus on how we're living, rather than what we do every day. It's in how I behave in a day, the way I treat my loved ones, how I interact with my neighbors. That's the best way I know how to live with this condition." ■

KRIS CUTHBERTSON

Q&A



ISTOCK

I get a lot more migraines during allergy season. Why is that, and what can I do?

Dr. Yacoub: Currently, researchers are trying to figure out the exact connection between the two. Some studies suggest that migraines may be more common in people who experience seasonal allergies, but other studies don't show that connection. That's why I always tell patients that if you find that your allergies seem to trigger migraines, the best thing to do is to avoid your allergy triggers and treat your allergies as recommended by your doctor.

Dr. Gottschalk: The concept about migraines in general is that anything else that irritates the trigeminal nerves in the head can or will contribute to more headache activity. So if you already are predisposed to migraine and something else happens—let's say, irritation or inflammation stemming from allergies—that may stimulate a migraine. We don't have any trials to prove this is effective, but the standard thing you can do to feel better is to remember that controlling or reducing allergy-related symptoms will help to reduce their effect on your headache. This means taking anti-inflammatory medications and antihistamines as needed, and perhaps getting allergy shots to reduce your response to any of the allergens you're exposed to.

How can I tell the difference between a migraine and a sinus-type headache that's caused by allergies?

Dr. Yacoub: It can be quite difficult to distinguish migraine headaches from sinus headaches. In fact, migraines are very commonly misdiagnosed as sinus-type headaches. But there are some key differences to keep in mind: For most people, sinus-related pain is associated with nasal congestion. This lasts for several days and is not typically associated with the light-sensitivity, sound-sensitivity, nausea, or vomiting that can accompany a migraine. Also, sinus headaches more commonly occur in the forehead or around the eyes, though you can experience a one-sided sinus headache, too.

Dr. Gottschalk: People who have bad allergies will also have some stuffiness, maybe some sinus pressure, but that's very different from what you'll experience with a migraine, which includes such symptoms as throbbing pain, pain that's aggravated by activity, sensitivity to light and noise, and nausea. Those symptoms don't [typically] occur in people with bad allergies.

My migraine attacks seem to get worse each allergy season compared with the one before. Do I need a test to find out if I have allergies and what's causing them?

Dr. Yacoub: Yes! Allergies can change from year to year so you'll want to see an allergy doctor, who can test you for different environmental allergies—especially if you've moved or gotten a pet, since those can be common triggers. During that appointment, you'll be given a treatment that's right for you.

Allergies can change from year to year so you'll want to see an allergy doctor, who can test you for different environmental allergies—especially if you've moved or gotten a pet, since those can be common triggers.

—Dr. Anne Yacoub

Dr. Gottschalk: This is a good example of why it's so valuable for headache patients to keep a diary. You can use that diary to track your migraines, including how many migraines you've had, how long the symptoms are lasting, and how well you've been responding to your usual migraine treatment regimen. With a year of information, you'll be able to quickly tell if you feel worse in fall or spring. You can then share that pattern with your doctor and perhaps see if your symptoms are related to allergies.

I experience aura way more often during allergy season. Is there a connection between seasonal allergies and extensive migraine symptoms?

Dr. Yacoub: Since the link between migraine headaches and seasonal allergies is not well understood, this one is tough to answer. We do know that a migraine with aura—in which your migraine is preceded by a neurological symptom such as flashing or sparkling lights, or the blurring of central or peripheral vision—can be prompted by environmental factors. If you believe your allergies are triggering your migraines, try treating your allergies to find out if this results in a corresponding decrease in your migraine symptoms.

Dr. Gottschalk: Anecdotally, an aura could happen in response to allergy symptoms, but I've yet to see any research to back up this connection.

I've exhausted all the home remedies for my seasonal allergies and nothing is working. Is it OK to pair an over-the-counter (OTC) allergy medication with my chronic migraine medication?

Dr. Yacoub: It really depends on which allergy medication you are using, and which of the many chronic migraine treatments you take. This is definitely something you will want to discuss with your doctor.

Dr. Gottschalk: Yes and no. Certainly we now have good OTC antihistamines available like loratadine and nasal steroids like fluticasone. Those are fine. The one that's complicated is pseudoephedrine, which is in any allergy drug that has a "D" [after its name] on the label. I advise my migraine patients to check labels and avoid these medications because pseudoephedrine is a chemical that makes migraines worse.

Are there any other allergy treatments I should avoid?

Dr. Yacoub: Nasal decongestants, like oxymetazoline, can cause headaches. I always advise my patients to be extra cautious when using these medications, especially if they already have a history of migraines.

Dr. Gottschalk: The big ones I tell my patients to avoid are the pain relievers that combine acetaminophen, aspirin, and caffeine, because they're associated with medication overuse headache or rebound. In general, if you have chronic migraine, my recommendation is that you avoid using any of the OTC analgesics more than twice a week. ■

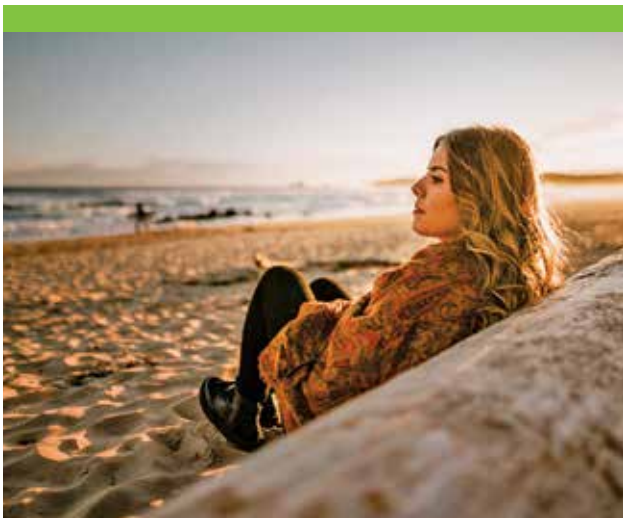
ANNE YACOUB, MD, is co-director of the Johns Hopkins Headache Center and assistant professor of neurology at Johns Hopkins School of Medicine.

CHRISTOPHER GOTTSCHALK, MD, is director of the fellowship program at Yale Medicine Headache and Facial Pain Center, chief of general neurology, and assistant professor of clinical neurology at Yale School of Medicine.

FROM TOP: COURTESY OF DR. YACOUB; ROBERT ILSAK/YALE MEDICINE

Those in the know share their best strategies for dealing with their chronic condition.

Migraine Solutions



"I HAD TO acknowledge the grief associated with the loss of my pre-migraine life. Working with a therapist to unpack the physical and emotional challenges that frequently accompany migraine has been a game changer."

—Michelle Lynn Tracy, 36, Amherst, MA

"I FILL MY BATHTUB with hot water and grab a bag of frozen veggies, an ice pack, or even a cloth with cold water. Then I sit on the edge of the tub with my feet in the water and lean over to put the cold item on the back of my neck. This 'shocks' my system and can cause almost a reset."

—Chelsea Brannen, 29, Albuquerque, NM

"MY MIGRAINES ARE usually triggered by stress. So I practice meditation. Not only does it reduce the number of days of symptoms, it also improves my general mood."

—Chanh Ho, 32, Oxford, UK

"ONE SILLY SOLUTION that works like a charm is to use a sweatband. The small pressure on your head somehow relieves the pain. I put on my band while lying down for a few minutes."

—Jose Gomez, 32, Los Angeles, CA

"I HAVE A COFFEE while in the throes of a migraine attack. I carry around a small container of instant coffee that I can easily mix into a cup of water, hot or cold. I will gladly have a cup if it means migraine relief, and it often does."

—Sarah Johnson, 33, Brooklyn, NY

"I USED TO BELIEVE that lying down with a migraine was a sign of weakness. My neurologist said I shouldn't be embarrassed because it's not my fault. Now, by telling others, it's as if I have a small army—my support system—to help me if I need a dark room, a soda, or anything else that will help me deal with the physical pain."

—Cathy Areu, 49, Miami, FL

"I HAVE DAILY migraines with nausea. I break down meals into smaller meals, even if it's just yogurt or crackers. A nutritionist told me that sticking to cold foods may curb the nausea and lack of appetite."

—Maggie Cooper, 28, Chicago, IL

"MANY OF MY migraines stem from a chain reaction caused by tension in my neck and the base of my head. A big help has been going to physical therapy and to the chiropractor to work on these areas."

—Madeline Wire, 30, Appleton, WI

"I CHANGED MY lifestyle. The first thing I did was come up with a schedule: waking time, bedtime, etc. I put it in my cell phone and followed it. I also started eating a great deal healthier. I began exercising and started making a conscious effort to relax. No cure-all, but makes it bearable."

—Geoffrey Lions, 51, St. Louis, MO

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

MEDICAL EDITORS: **Brian Grosberg, MD,** director, Hartford HealthCare Headache Center, and professor of neurology, University of Connecticut School of Medicine; **Shaheen E. Lakhan, MD, PhD, FAAN,** neurologist and senior vice president, research and development, Click Therapeutics, New York City.

HEALTHCENTRAL GUIDE MEDICAL EXPERTS: **Greg Dussor, PhD,** associate professor, School of Behavioral and Brain Sciences, University of Texas at Dallas; **Christopher Gottschalk, MD,** director, fellowship program at Yale Medicine Headache and Facial Pain Center, chief of general neurology, and assistant professor of clinical neurology, Yale School of Medicine; **Lauren R. Natbony, MD,** assistant professor of neurology, Center for Headache and Facial Pain, Icahn School of Medicine at Mount Sinai, New York City; **Lawrence C. Newman, MD,** professor of neurology and director, headache division, NYU Langone Health, New York City; **Robert Pearlman, MD,** associate professor of neurology, University of Alabama at Birmingham Hospital; **Juliette Preston, MD,** director, headache center, Oregon Health & Science University, Portland; **Anne Yacoub, MD,** co-director, Johns Hopkins Headache Center, and assistant professor of neurology, Johns Hopkins School of Medicine, Baltimore, MD.

REMEDY HEALTH MEDIA: **Julia Savacool,** executive editor, HealthCentral.com; **Linda Roman,** editor; **Tim Gower, Lambeth Hochwald, Beth Howard, Suzanne McElfresh,** writers; **Patricia Volin,** fact-checker; **Hallie Einhorn,** copy editor; **Douglas+Voss,** designers.

ISTOCK