Is Pandemic Stress a Migraine Trigger? p. 22

Pregnancy & Migraine Myths + Your Treatment Options + Virtual Visit Prep Tips

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Chronic Migraine

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The Mood-Boosting Benefit of Pets p.18

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.**

LESS WEIGHT MEANS MORE PAIN RELIEF

IT'S LONG BEEN known that obesity is a risk factor for migraine, with the odds increasing as the scale creeps up. The good news? Dropping excess pounds can improve migraine.

One recent analysis in *Obesity Surgery* found that people who lost weight after bariatric surgery had fewer, less intense migraine attacks. Researchers looked at four studies that included a total of 159 people who had both a history of migraine and weight-loss surgery. Six months after the procedure, migraines occurred less often and caused less disability overall.

"Patients were getting 5.5 fewer migraine days a month, with less severity and disability," says lead study author Jerry T. Dang, MD, a researcher at the University of Alberta in Edmonton, Canada.

Several factors might contribute to headache reduction after weight loss, says Dr. Dang. Obesity results in a low level of chronic inflammation, likely related to an imbalance of microbes in the gut. Weight loss can improve this imbalance, decreasing inflammation. Weight loss can also trigger hormone changes that may help reduce migraine attacks.

4 **Millions of Americans who have chronic migraine, with at least 15 migraine days per month**

DETECTING MIGRAINE WARNING SIGNS

The timing of a migraine isn't always predictable, making early treatment difficult, especially if you don't have immediate access to your meds. But research shows that subtle warning signs occur before you feel your first twinge of pain or see your first flashing light.

In a study published in *Cephalalgia* in 2019, researchers asked 24 migraine patients to wear a mobile wireless device at home to record their daily neural activity for two weeks. When the researchers analyzed the results, they found that 24 hours before migraine onset, there were electrical changes in the brain that could be detected by the device. The neurophysiological changes observed were consistent with those known to precede migraines.

While this was a small preliminary study, wearing such a device could someday help to predict migraine episodes, giving you a chance to reduce their severity—or even prevent attacks—with earlier treatment.

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PREGNANCY AND MIGRAINE: COMMON MISCONCEPTIONS

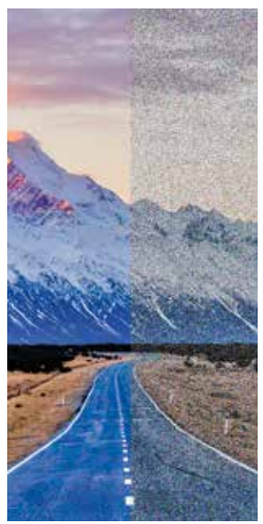
ALMOST 20 PERCENT of women with migraine avoid pregnancy, a recent study found. The reasons? They fear pregnancy will make their migraine worse; that migraine might lead to a difficult pregnancy and make parenting more challenging; and that the migraine medications they take might harm their child.

However, in many cases these risk assumptions may be incorrect, according to the study of 607 women, which was published in *Mayo Clinic Proceedings* in October 2020. For example, many women find that their migraines actually improve during and after pregnancy. And even when these risk assumptions are correct, women with migraine have more options than they may realize.

An accompanying editorial acknowledges that the risks to embryos of some migraine medications are not as well-known as we might like. That might not be a deal breaker, though. For many patients, the authors write, "there are safe ways to manage migraine during pregnancy. With careful planning, many women are able to discontinue preventive medications during this time."

So talk to your doctor about your options before ruling out pregnancy because you have migraine.

SNOWY VISION



FROM TOP: GETTY IMAGES; ISTOCK

It sounds like what you'd see after shaking a snow globe, but for some people, visual snow is a real-life phenomenon. Those who experience it perceive tiny, flickering dots—most commonly in black and white—across their entire field of vision.

In a web-based study published in *Neurology* in February 2020, 90 percent of 1,174 participants with self-reported visual snow indicated that the symptoms persisted for more than three months, along with other visual disturbances such as floaters, after-images (those that appear after exposure to an image has ended), and light-sensitivity. The combination of these symptoms is known as visual snow syndrome, or VSS. The study also found that migraine and tinnitus (ringing in the ears) commonly occur with VSS—and people with these conditions tend to have more severe visual snow.

First identified in 1995, visual snow is now included in the International Classification of Headache Disorders as a complication of migraine. It's not the same as migraine with aura. While the exact mechanisms aren't fully understood, one theory is that visual snow may stem from dysfunction of the visual association cortex, the part of the brain that processes visual information.

If you experience visual snow, know that you're not alone. To learn more or gain support from others who have it, reach out to the Visual Snow Initiative at visualsnowinitiative.org.

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

Learning to manage your condition means you'll be able to spend more quality time with the people you love.

Migraine Basics

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.

Medication plus a healthy lifestyle can reduce the frequency of your migraines, making life more enjoyable.

A COSTLY CONDITION

BESIDES BEING PAINFUL and debilitating in its own right, chronic migraine can be a financial drain for those who live with it—and their employers. In a 2016 report, using data from the International Burden of Migraine Study, researchers found that the annual cost from direct medical care and lost productivity due to headache among those with chronic migraine was more than three times the cost incurred by those with episodic migraine. The average total cost for each person with chronic migraine: $8,243 per year.

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

The Origins of Migraine

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."

The Migraine Millstone

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. ■

WHAT IS AURA?

CHRONIC MIGRAINE and episodic migraine typically share similar symptoms. And migraine attacks in both types are sometimes preceded by a phenomenon known as aura. The term refers to transitory symptoms that may commence approximately 30 minutes or so before a migraine headache begins. Neurotransmitters in the brain are thought to cause them.

The symptoms of aura are usually visual and may include such disturbances as seeing flashing lights or wavy lines, or losing part or all of your vision for a short period of time. Aura can sometimes include verbal disruptions; sensory disturbances such as mild hallucinations; vertigo and dizziness; or motor problems such as tingling, weakness, or numbness in the extremities.

Migraine with aura is less common than migraine without; the former is probably experienced by about 25 percent of people who have migraine. Treatment for migraine with aura is usually the same as treatment for migraine without. It's also possible to experience aura without having a headache or any other symptoms afterward; this situation becomes more common as people get older.

PREVIOUS SPREAD & THIS SPREAD: ISTOCK

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Virtual Visit Checklist

IN THIS TIME of social distancing, many more doctors are offering telemedicine as an alternative to in-person office visits for patients who don't require injections. Below are some tips from the American Migraine Foundation to help you get ready for a virtual visit. Also, be sure to fill out the doctor discussion guide and migraine tracker on pages 14 to 15, and keep them handy for your appointment.

☐ **Follow your doctor's instructions and get familiar with the video-conferencing platform in advance.**

☐ **Eliminate background sounds and distractions—close your door, turn off your TV, keep pets out of the room.**

☐ **Wear comfortable clothes that allow you to move and make it easy for your doctor to view parts of your body for evaluation.**

☐ **Sit near a window, facing the light. Avoid sitting with your back to the light—it will interfere with your doctor's ability to see you. Test your lighting ahead of time by turning on your web camera and seeing what's in view.**

☐ **Set up your webcam so your doctor can see you up close. Leave room behind you so that you can move far enough away from the webcam for your doctor to view your whole body if needed.**

☐ **If you can't use a computer with a webcam and you have to use your phone for a video call, make sure to prop the phone on a desk away from you. Try not to hold your phone in your hand, as it will distract from the image.**

☐ **If you experience dizziness or problems with balance, have a friend or family member present for your exam. They can assist when needed so the exam goes smoothly.**

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It's Time to Talk

Come prepared to share details about your symptoms with your doctor—it's the key to successful treatment.

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

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 things to include (also see "Migraine Tracker" on page 15):

- **What you were doing in the days and hours before each episode began; make note of any foods you ate or activities you did prior to the attack.**
- **Any life stresses that increased in the days before each attack, if applicable**
- **Any symptoms you may have had in the hours before the pain began**

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. ■

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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.**

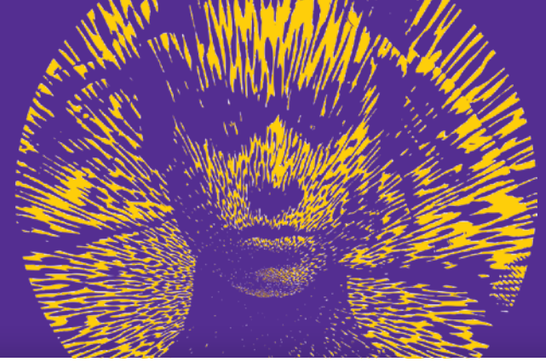
How often will I need to see you? **Because migraine is an ongoing illness, you will probably need to see your doctor regularly, so ask how often you should expect to have appointments. Dr. Preston sees her patients every two months until they are stable; after that, they check in once a year to make 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 is 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. By doing so, you and your doctor can develop a better understanding of your triggers, symptoms, and treatment options.

YOUR MIGRAINE DETAILS

In the past month, how have your migraine symptoms changed? *(circle on scale below)*

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

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

How far in advance of a full-blown attack (minutes, hours) do you feel the onset of symptoms? ☐

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

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

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

MIGRAINE AND YOUR LIFE

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:

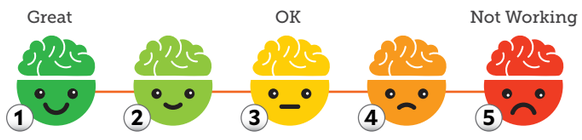
_____
_____
_____
_____
_____
_____

MIGRAINE TREATMENT

Are you currently on a treatment for migraine?
☐ Yes ☐ No

Have you tried these types of migraine medications?
Acute: ☐ Yes ☐ No
Preventive: ☐ Yes ☐ No

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



▶ **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 migraine 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

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

Find Relief Now

The many migraine meds available these days offer you more options for managing your condition.

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, taken to stop attacks from occurring, and acute meds, taken 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.

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- **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 cut 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, 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, as well as 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, including aspirin, naproxen, ibuprofen, and acetaminophen, may be taken alone or in combination with other meds to relieve mild to moderate headaches. Regular use 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.

- **Neuromodulation:** The Cefaly is a visor-like device that targets the trigeminal nerve. An FDA-approved treatment for migraine, it's worn for 20 minutes once a day. The SpringTMS and a portable version, the sTMS mini, deliver mild magnetic impulses to the brain; approved for migraine with aura, these devices can stop a migraine that has started and prevent attacks. ■

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**.

Strider finds joy in spending time with her pets. Posing beside her is Riley, a 3-year-old Lab mix.

Creature Comfort

This nurse practitioner made her way through the migraine remedy maze—and found some furry friends while on her journey.

Allison Strider, 28, is an accomplished nurse practitioner who's had to fight migraine every step of the way. But that hasn't stopped her from enjoying her life and caring for others, including the multitude of animals she's been living with lately.

"There's constant pet therapy at my house," she says, describing the comfort she finds in the company of her dog and 10 cats.

But life wasn't always this way for Strider. In fact, she struggled for four years, often with daily migraines, before she found relief.

Strider can't pinpoint the exact moment she began having migraines. She says she's always had headaches, and they gradually worsened. But she does know when they became so unbearable that she had to seek help. She was working nights as a nurse and going to graduate school at the University of Alabama at Birmingham (UAB) during the day, carrying a heavy course load.

"By my second semester of grad school in 2016, I was taking ibuprofen up to the max so that I could work and study," she recalls. The ibuprofen didn't make the headaches go away, but made them somewhat more tolerable. Still, when Strider sat at her desk at work, she kept ice packs attached to her head with elastic bandages.

It didn't take long for all that ibuprofen to take its toll. Strider developed an ulcer. That was when her primary care provider put her on migraine medication—a preventive and an acute med—as well as a drug for nausea, which in addition to pain, dizziness, and light-sensitivity, was one of her more prominent symptoms during attacks.

PHOTOS COURTESY OF ALLISON STRIDER

A Search for Relief

The medications worked well—at first. The migraines lessened in intensity and frequency. But then Strider started her clinical rotations, which meant a new schedule. Her week was split into working days and nights, and her migraines worsened since irregular sleep and lack of sleep are top triggers for her. With her doctor's OK, she began taking more than one dose of the acute drug. She also started taking ibuprofen again, hoping it would help.

Looking back, Strider says she waited too long to act, but eventually she told her doctor that the headaches were getting worse and the meds were no longer working. The doctor recommended either a different preventive medication or a referral to a neurologist. "I know how long it takes to get in to see a neurologist," Strider says. "I told him I'd take both."

Her doctor added a second preventive medication, and Strider got some relief from the two drugs. But things were still not going well in

Three-month-old Abby helps Strider deal with stress—and migraines.

At UAB Medical Center, with manager Ashley Lovingood, RN.

2019 when, after an almost yearlong wait for an appointment, she got in to see a neurologist at UAB Medical Center, where she works overseeing outpatient infusion services. Her neurologist added a monthly preventive injection and changed both her acute and nausea medications. Fortunately, Strider has experienced a great deal of relief as a result.

Lately, she's had a headache only about once a week—a huge improvement from almost daily migraine attacks. "I'm getting there," she says. "I try to catch them early."

Surviving Stressful Times

Around the time the neurologist adjusted her meds, Strider was going through a divorce. For most people with migraine, stress can be both a trigger and an effect: Stress brings on episodes, and living with migraine creates stress.

"Oh, it definitely worked both ways," Strider says. The divorce "definitely didn't help."

The coronavirus made things even worse. "It was very strange going through a divorce during a pandemic," Strider says. "The courts weren't in session, so if we tried to go to court to figure out who got what, it would have been months dragging this out. We weren't even in line to be one of the first cases when the courts reopened. So I agreed to things I normally wouldn't have agreed to, just to get it over with." It was worth it, she says. "Getting that out of the way did help the headaches. I feel so much better now."

The coronavirus caused even more trouble at work. "When we started facing COVID at the hospital last spring, we were stressed to the max and super busy, running multiple clinics," she says. "We continued to treat our patients who still needed infusions. We consolidated satellite clinics with our main campus, which is where I am stationed, and started new clinics to help treat our patients more effectively. During the last few months, we have started COVID clinics, a curbside drive-through clinic for injections, and an acute clinic to reduce ER admissions."

All of this has made life with migraine even more challenging. But Strider has a built-in reminder—though it's a very unpleasant one—to

Besides highly supportive coworkers, Strider has a loving family and an awesome best friend. But her primary support network is not human. She's long loved animals and wanted to foster them.

Strider takes a moment for some levity during National Nurses Month.

take care of herself. "If I skip breakfast and lunch, about one o'clock the headache starts coming on and I remember that I haven't eaten. Or if I don't drink enough water, I suddenly realize, 'Allison, you're dehydrated.'"

Support System

For Strider, dealing with migraine hasn't been all about medicines. She has a lot of other tools in her belt. She rubs peppermint oil on her temples, which has a menthol effect and feels soothing to her head. She keeps on hand ice packs, caffeine, water, snacks—"all the regular remedies," she says.

Light-sensitivity has always been one of the most troubling of Strider's migraine symptoms. "When I worked the night shift, we always turned the lights down on the unit overnight, so that helped. The worst part was when the day shift came on, threw on the lights, and started shouting, 'Good morning, everybody!'"

In her current day-shift job at UAB Medical Center, Strider has an office where she can control the lights. "My coworkers know that if I turn the lights off, I have a migraine. When I turn the lights back on, they say, 'Oh, you're getting better!'" She also finds blue light glasses helpful for filtering the light from computers.

Besides highly supportive coworkers, Strider has a loving family and an awesome best friend. But her primary support network is not human. She's long loved animals and wanted to foster them. But her ex-husband always vetoed the idea. She picked up her first foster pet the day he moved out. Since then she's "gone a little wild with it," she says. Right now she fosters a nursing mama with four kittens; a single kitten, Abby; and two sister kittens, Princess and Aria. This is in addition to her own dog (a Lab mix named Riley) and two cats (Jeffree and Ellie). "I have a full house," Strider says, seemingly unaware of the understatement.

Abby is just one of the many animals that Strider fosters.

Strider does a lot for animals in need. But they definitely give back. She recalls the sadness of a recent workday when a gravely ill patient needed to be moved to hospice care. "To come home afterward and play with these little fluff balls was just good therapy."

Though she hasn't learned to cut back on work or giving to others (she also donates platelets to help relieve a shortage for the patients she treats), Strider has figured out how to manage her migraine so that she can live a full and rewarding life. ■

Q&A

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During the COVID-19 pandemic, I've had an increase in migraine attacks. Is stress likely to blame?

Dr. Grosberg: We know that migraine may worsen or begin after a major stressful event. Other contributing factors during the pandemic could include changes in sleep patterns, dietary intake, the work environment at home, daily screen usage, mood and energy level, and the level of personal interactions.

Dr. Rajneesh: Stress is a major precipitator of migraine, and this pandemic has changed how we live our lives. It's not only emotional or psychosocial stress—people are going to sleep and waking up at different times, which means the body's natural rhythms are being disrupted. People are also changing their diets—at home, we're more likely to snack or have more coffee and tea, all of which increase the risk of migraine flares. The pandemic has disrupted our exercise regimens, our hobbies, and our rest and relaxation, which resets the brain just like sleep does. Each of these factors adds on, increasing the risk of migraine.

After the pain from a migraine subsides, I often feel tired, dizzy, depressed, and unable to focus. Why does this happen, and what can I do about it?

Dr. Grosberg: Following the pain and light- and sound-sensitivity from migraine, many people experience symptoms that closely resemble a hangover, which is known as postdrome. This phase of a migraine attack is marked by fatigue, body aches and pains, and mental fogginess that can persist from a few hours to days. These symptoms may be lessened by staying well hydrated, performing stretches or light physical activities, avoiding things that intensify headache, and using acute migraine treatments in an optimal fashion.

Dr. Rajneesh: Migraine starts in one part of the brain and spreads across it, depleting the neurotransmitters. This can leave people feeling worn down, dizzy, or irritable, or with decreased concentration. To ease these postdromal symptoms, it can help to take a nonsteroidal anti-inflammatory drug within two hours of the pain, as long as you're not overusing them. Rest up with a short nap if possible, or do five to 10 minutes of meditation or biofeedback.

Because I take preventive medication for chronic migraine, some of my friends and family members don't understand when I tell them I'm having a migraine attack. How can I explain this?

Dr. Rajneesh: You need to tell them that migraine is an electrochemical imbalance in the brain, and even though you're taking preventive medicine, it's not 100 percent effective. The goal is to have fewer headaches per month—and to reduce their severity and duration. It's nearly impossible to get to zero. There's no magical cure for migraine.

Dr. Grosberg: Unfortunately, misunderstandings about migraine are common. Many people who have never experienced one don't realize the profound physical and psychological toll it has on the person. It's important to explain that migraine is a neurological disorder and much more than just a headache, with symptoms that can also include light- and sound-sensitivity, nausea, and/or vomiting. And emphasize that with chronic migraine, people experience 15 or more days of headache per month. Reinforce the message that even with treatment, it often takes time for improvements to occur, and having the support and understanding of friends and family members is extremely important.

Stress is a major precipitator of migraine, and this pandemic has changed how we live our lives. People are going to sleep and waking up at different times, which means the body's natural rhythms are being disrupted.

—Dr. Kiran Rajneesh

Is there a diet that will prevent migraine flare-ups?

Dr. Rajneesh: There has been no big study that shows one diet is better for migraine. It's an entirely personal thing. In general, a diet with lots of vitamins, micronutrients, and antioxidants—from fresh vegetables and fruits—helps reset balance in the brain. Our brains are constantly turning over cell membranes, and that process is helped by these micronutrients and antioxidants.

Dr. Grosberg: Diet recommendations should be tailored to each individual with migraine. If the person isn't aware of specific food triggers—alcohol, chocolate, and cheese are common ones—headache diaries can be helpful for revealing them. Avoiding identified food triggers can prevent migraine attacks. But there is no one-size-fits-all migraine prevention diet.

I recently felt dizzy, as I sometimes do with a migraine, but I didn't have head pain. Could this be vestibular migraine?

Dr. Grosberg: Many people with migraine experience dizziness or a lack of balance in the midst of their headaches—this is termed vestibular migraine (also referred to as migraine-associated vertigo). These symptoms can occur before or during the headache, or even without any head pain. Vertigo can occur without any outside trigger, or it can be set off by a change in head position. The diagnosis can be confusing, as it may resemble or actually be another disorder happening coincidentally.

Dr. Rajneesh: The electrochemical dysregulation of migraine can start at different locations in the brain, so you can have different manifestations. Vestibular migraine starts in the brain stem and affects mostly balance, which can make people feel dizzy or woozy. You need to get this variation checked out, because these symptoms can be signs of other conditions.

When I have a migraine attack, the slightest touch, even brushing my hair, feels painful. Why is that, and what can I do about it?

Dr. Grosberg: This is an example of allodynia, the experience of pain from a stimulus that is normally not painful—combing or pulling your hair back, shaving, wearing eyeglasses, taking a shower, resting your head on a pillow, or exposing your skin to a hot or cold stimulus. The presence of allodynia has implications for both treatment and migraine prognosis. Triptans are often less effective when taken during a migraine attack after allodynia has developed; that's why it's important to treat acute attacks before allodynia appears. In addition, allodynia is a risk factor for progression to worse headaches. If allodynia occurs often, talk to your doctor about migraine prevention medication.

Dr. Rajneesh: With allodynia, the brain's signals start registering touch as pain, especially around the head. Allodynia can keep the cycle of migraine alive through kindling—keeping the abnormal activity alive and preventing the migraine from subsiding. What can help is changing the stimulation or pressure—by undoing a ponytail, taking off a headband, or repositioning a mask or hijab. ■

FROM TOP: HARTFORD HEALTHCARE; COURTESY OF DR. KIRAN RAJNEESH

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Chronic migraine is tough. This simple advice makes living with it a little less stressful.

Migraine Life, Easier

Become a Mindful Grazer.

Long stretches of time between meals may trigger migraine attacks because of low blood-sugar levels. Smaller, more frequent meals may help. If your schedule makes having regular mealtimes hard, try to fit in some nutritious snacking. For grazing between meals, the Association of Migraine Disorders (**migrainedisorders.org**) recommends fresh strawberries, blueberries, apples, or grapes; raw crunchy vegetables; pumpkin or sunflower seeds; whole-grain, unflavored crackers with Boursin or goat cheese; plain pretzels; or a small bag of plain popcorn popped at home—as long as these foods aren't migraine triggers for you.

Consider Chiropractic Care Carefully.

Many people with migraine have neck pain and other upper body complaints such as neck stiffness, muscle tension, or jaw problems. And many of them turn to chiropractors for relief. But if you're also looking to ease migraine headache pain, know that research about the effectiveness of chiropractic care on this issue is limited. If you're thinking about seeing a chiropractor, first talk to your doctor to find out if you might benefit from this type of care. If so, ask for a referral.

Bow Out Gracefully.

Some people you know may think a migraine is something you can just push through. Others may believe that your headaches are an excuse for getting out of things you don't want to do. But there are various approaches you can take to make opting out of a get-together or event go more smoothly, according to the American Migraine Foundation (**americanmigrainefoundation.org**). When accepting an invitation, tell the host you'll be there—unless you have a migraine that day. Or, when letting the host know you can't make it after all, describe the symptoms you're experiencing instead of saying you're having a migraine. Telling people that you have pain, nausea, and dizziness may help them better understand why you can't attend.

Sometimes, though, it's best to keep things vague, says Judy LaPrade, a mind-body resilience coach in Takoma Park, Maryland. "To avoid specifics, just say that you are under the weather." Deciding how much you want to share about your migraine is always up to you.

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

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