

Managing Migraine Disease



What is migraine?

Migraine is a disease that affects the brain. People with migraine can have symptoms like moderate-to-severe headaches, nausea, and sensitivity to light and sound. When you have episodes of these symptoms, it's called a migraine attack.

Migraine attacks are different for everyone who has them, but the symptoms tend to happen in four main phases, in the order shown below.

Symptoms

EARLY PHASE (premonitory)

Occurs days to hours
before headache episode

- Feeling tired
- Having mood changes
- Feeling nauseated

AURA

Occurs minutes to
about an hour before
headache episode

- Seeing zigzag lines
- Having blurry vision

HEADACHE

Can last for hours
to days

- Throbbing pain usually on one side of the head
- Often worse with movement

LATE PHASE (postdrome)

Can last hours to days
after headache episode

- Feeling tired
- Having trouble concentrating

Not everyone has all of these symptoms. For example, only about one-third of people with migraine have the aura phase. Some people have symptoms from two or more phases at the same time. Discuss any symptoms you've had with your healthcare provider.



How is migraine disease managed?

Migraine disease is managed in two ways:

- **Acute treatments** are used after an attack has started. These are to help relieve symptoms. It is best to use acute treatments as soon as an attack has started. Some acute treatments are medicine. Others are not medicine.
- **Preventive treatments** are used on a regular basis. These are meant to help you have fewer migraine headache days per month.

Everyone reacts differently to different treatments. All treatments may have both good and bad sides. Along with symptom relief, treatments may have side effects or other problems for some people. Your healthcare provider can help you find the best treatment plan for your needs.

This booklet offers more information on acute and preventive treatments. It can help you talk to your healthcare provider about all of your options.

What acute treatments may help?

Acute treatments are used after an attack has started to help relieve your symptoms.

Non-medicine treatments

Some practices can help make migraine attacks less severe without taking medicine. These practices can be used with or without medicine.

Self-care activities

- Lying down in a dark, quiet room
- A cold or warm cloth applied to the head or neck

Biofeedback

- A way to help you recognize and control some things your body does during an attack
- May also be recommended as preventive treatment

Relaxation therapy

- A routine of structured activities that help relieve stress and reduce pain
- Can include breathing exercises, squeezing and relaxing muscles, or focusing the mind



Medicines for acute treatment

Your healthcare provider may recommend over-the-counter medicines and prescribed medicine to take when you begin feeling symptoms of a migraine attack. Discuss the risks and benefits of these medicines with your healthcare provider.

Over-the-counter pain relievers

These medicines are taken by mouth. They can be bought at the drug store.

- Aspirin
- Naproxen (Aleve® or generic)
- Ibuprofen (Advil® or generic)
- Acetaminophen (Tylenol® or generic)
- A combination of acetaminophen, aspirin, and caffeine (Excedrin® or generic)

Prescription medicines

These medicines are only available with a prescription from your healthcare provider.

- **Ergots** are taken as a pill, a suppository, or given as an injection
- **Triptans** are taken as a pill, nasal spray, or given as an injection
- **Ditans** are taken as a pill
- **Gepants** are taken as a pill

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Is your treatment plan working?

Add a check mark if any of these statements are true for you, and talk about them with your healthcare provider:

- I have had migraine attacks in the last few months.
- Migraine disease has made me less productive at work or school.
- After taking acute treatment, I still have pain within 2 to 4 hours.
- I can't do my normal daily activities 3 to 4 hours after taking my acute treatment.
- At least half of the time, my treatment plan does not work.
- The side effects from my medicine make it hard to take and go about my day.



Do I have any triggers?

Some people with migraine disease notice that certain situations seem to happen before an attack. These are called triggers. Not everyone with migraine disease has triggers, and not everyone's triggers are the same. The list below includes common triggers, but does not include all possible triggers.

Add a check mark if you've noticed any of these migraine attack triggers, and talk about them with your healthcare provider:

I often get migraine attacks...

- When the weather changes
- When I'm stressed at work or home
- When I travel
- When I'm hungry or don't drink enough water
- When I have certain foods or drinks
- When my sleeping schedule changes
- When I see bright lights or hear loud noises
- When I smell certain smells



What preventive treatments may help?

Preventive treatments are used on a regular basis to help you have fewer migraine headache days per month.

Non-medicine treatments

You may be able to have fewer migraine attacks by making some changes to your daily routine. You can also try some non-medicine treatments that may make migraine attacks less frequent.

Lifestyle changes

- Try to go to bed and wake up at the same time every day
- Eat on a regular schedule
- Drink plenty of water
- Limit how much caffeine you drink
- Make time to do things you find relaxing, like taking a bath

Relaxation therapy and biofeedback

- Also used as acute treatments for migraine attacks; see description on previous page
- For prevention, these activities are done on a regular basis

Cognitive behavioral therapy

- Aimed at changing thoughts about stress, headaches, and other problems connected to migraine
- Done with a therapist, often a psychologist



Medicines for preventive treatment

Your healthcare provider may prescribe a preventive migraine medicine to take regularly. All of these medicines have benefits and side effects. Talk to your healthcare provider about what's right for you.

Taken by mouth

Antiepileptics are usually given to people who have epilepsy (seizures), but some may also help with migraine.

Beta blockers are usually prescribed to people with high blood pressure, but some may also help with migraine.

Tricyclic antidepressants are usually given to people to treat depression, but some may also help with migraine.

Given by injection

Botulinum toxin is given as an injection under the skin. It is given in the head and neck every 3 months.

Given by injection or infusion

Calcitonin gene-related peptide (CGRP) monoclonal antibodies are given once a month or once every 3 months as an injection under the skin. They can also be given as an infusion in the vein once every 3 months.

This booklet has some tips for the acute and preventive management of migraine disease.

For more information on managing migraine disease, talk to your healthcare provider about your treatment options.

These online resources can help you learn more about migraine:

American Migraine Foundation
americanmigrainefoundation.org

Brain & Life (American Academy of Neurology)
brainandlife.org

Coalition For Headache And Migraine Patients (CHAMP)
headachemigraine.org

Migraine Again
migraineagain.com

Miles for Migraine
milesformigraine.org

National Headache Foundation
headaches.org

National Institute of Neurological Disorders and Stroke
ninds.nih.gov