

Migraine

Living with migraine

Dr Andrew Bivard PhD

Melbourne Brain Centre, University of Melbourne.

28/6/2013

Stephen battled with regular headaches since the age of 12. Initially they had been dismissed by a local doctor as growing pains, but over the years the headaches had increased in severity. The headaches would start as a band of pain across the forehead and a groggy feeling for a few hours, then the groggy periods would increase in duration until it seemed to last all day, every day.

For ten years, Stephen saw doctors and was placed on various preventative medications. However the drugs would be worse than the headaches and cause a sick, nauseous feeling or hallucinations. The drugs did not prevent the headaches, and the side effects just confounded the illness leading to Stephen to avoid taking medications or seeking help.

Because of the frequency of his headaches, Stephen found it hard to keep a job due to constant absence. One such job was in a factory that made his headaches worse and more frequent due to the constant loud noise, bright lights and machinery. As he got older, Stephen's headaches changed in presentation, now they would start as a mild, toothache pain for a day or so, which would then fade. The next week, it would come back for longer. The week afterwards, the pain would be too great for him to leave his bedroom. It was an all-over headache, not a band, as many people describe it, or over one eye. He would feel nauseous but not sick. The stress of taking time off work for illness, and the pressure bosses would apply only make the headaches worse.

During one unusually bad headache, Stephen was hospitalised due to severe migraine. The symptoms of this episode were much worse than usual and resulted in physical symptoms such as difficulty speaking, understanding people and made doing basic tasks such as drinking a cup of water difficult. Following this hospital admission, doctors that Stephen went to see suggested a new line of medications, even though Stephen was reluctant he decided to try a new medication anyway. The new drug was amitriptyline, which is normally used as an anti-depressant. This worked for a while, and for a few months Stephen was virtually headache-free. However, over the next two years his resistance to the drug increased until it was having little or no effect.

As an adult Stephen still suffers from recurrent migraines but insists the dealing with his symptoms is more about attitude. He will most likely always have this condition and has accepted that it is part of his life and who he is, and not due to anything he has done. Learning to signs and symptoms of migraines as well as coping strategies has empowered Stephen to deal with his condition and he still seeks regular medical follow-up.