

MIGRAINE

Migraine is a very common neurological problem and affects up to 18% of woman and 6% of men. Prior to puberty the incidence of migraine is the same in boys and girls. This shows that hormonal factors are important in migraine. Acute migraine attacks can be severely disabling and indeed the World Health Organisation ranks migraine as 19th of the all the causes of years lived with a disability due to a medical condition. Migraine is classified as one of the primary headaches meaning that there is observable abnormality that can be detected at present. An example of a secondary headache is one due to a brain tumour. Migraine is now considered a primary disorder of the brain which is often familial and has a strong genetic component. The manifestations of migraine are now believed to be due to changes in brain excitability and are not due to changes in brain blood vessels Migraine is divided into migraine with and without aura. Migraine aura occurs in up to 30% of patients with migraine and in the vast majority (>95%) it is visual one. A subset of these patients may also develop alterations in sensation or even speech. True weakness does not occur in typical migraine with aura. The aura symptoms can last from 20 to 60 minutes and often the aura starts to clear as the headache begins. The headache of migraine is often one sided and can change sides. It is usually throbbing and patients often have nausea and even vomiting as well as sensitivity to light, sound and smells. The headache phase can last from 4 to 72 hours. Some patients can identify triggers but many can't. The commonest trigger is stress, including let down after stress. In women the next commonest is period time. Other common triggers are lack of, or too much, sleep, missing meals and certain foods and alcohol. Some patients have warnings of a migraine up to a day before the migraine. Common such symptoms are feeling "on top of the world", excess yawning of fatigue and neck pain.

The majority of migraine patients can be effectively treated and patients should not feel that nothing can be done. In addition several new treatments will soon be available including new drugs and non drug options.

Resources for patients

Headache Australia (www.headacheaustralia.org.au)

World Headache Alliance (www.w-h-a.org/)

bmj.com/video The pain and the pressure

(<http://www.bmj.com/multimedia/video/2011/02/05/migraine-pain-and-pressure>)

the presence of associated symptoms, and whether there are specific

