

Migraine management advice



Avoid triggers and use a headache diary or app

More info: <https://www.migrainetrust.org/living-with-migraine/coping-managing/keeping-a-migraine-diary/>

Most people with migraine find that there are triggers that tend to cause their headaches. Triggers are factors that are present in the few hours before a headache usually. There are a large number of them and so it can be very helpful to keep a diary of when migraines occur to help spot triggers. A diary is also very useful for keeping track of any improvements (or worsening) when trying new medicines or treatments for migraine.

A popular app that I found easy to use is 'Migraine Buddy'.

Common triggers to look for are:

Foods (in 10%): Additives (MSG, nitrates), Cheese (soft), Citrus fruits, Nuts, Onions, Salt

Drugs: Alcohol (red wine), Caffeine or Withdrawal of these; Cocaine, Oral contraceptive pill

Body: Dehydration, Exercise, Eye strain, Hunger, Periods, Sleep

Emotional: Depression, Stress

External: Altitude, Change in weather, Lights/displays, Noises, Odours

Regular aerobic exercise

More info: <https://www.migrainetrust.org/living-with-migraine/coping-managing/exercise/>

Exercise can trigger migraines but this is usually when it is done as a 'one-off', sometimes associated with hunger or thirst. Regular aerobic exercise is known to reduce migraine frequency. This includes jogging, running, fast walking, cycling, swimming and yoga.

Regular sleep

More info: <https://sleepcouncil.org.uk/sleep-hygiene/>

Shorter sleep time and poor sleep quality increase migraines. Migraines can also mean people are unable to sleep or mean some people will try to sleep off an attack and both scenarios will disrupt sleep rhythm. A regular sleep cycle with at least 7 hours of sleep is recommended in adults. 'Sleep hygiene' is a set of tips to help with a good night's sleep. Some parts of sleep hygiene include:

- Avoid alcohol, caffeine and nicotine after early evening
- Avoid screens including phone screens for 2 hours before sleeping
- Avoid sitting in bed to work or watch TV

Melatonin is a short-term option to help with insomnia for 1-2 months. It is a natural hormone produced in the body to signal bedtime. Your doctor can prescribe it to take 1-2 hours before bedtime.

Non-medical prevention

Some people find that acupuncture, chiropractic treatment or massage may help with migraines. I think it is likely that pain relief, stress reduction, and the placebo effect (which is seen with any treatment) all play a role in the success of these methods.

Supplements

More info: <https://www.migrainetrust.org/living-with-migraine/treatments/supplements-and-herbs/>

Magnesium levels may be low in the brain during a migraine. Two clinical trials of magnesium supplements found that a high dose (480-600mg) each day could halve the number of migraines after 3 months. Side-effects may include diarrhoea (30%), palpitations and low blood pressure. It interacts with some antibiotics and may be safe in smaller doses in pregnancy.

Coenzyme Q10 (aka ubiquinone) is a vitamin/antioxidant that helps make energy in a part of the cell called the mitochondria. Mitochondrial energy depletion may occur in migraines. Studies suggest it may halve the number of migraines after 3 months, similar to magnesium. It can be taken at 100-300mg per day. It rarely causes nausea or stomach upset (1%). It is probably best to avoid in pregnancy.

Riboflavin (aka vitamin B2) also helps the mitochondria like coenzyme Q10. Studies have suggested this may also halve the number of migraines after 3-4 months. It is taken at 200-400mg per day. Side-effects may include diarrhoea and bright yellow urine. It is probably best to avoid in pregnancy.

Feverfew is an anti-inflammatory herbal remedy. It probably works in a similar way to aspirin or ibuprofen. A few trials suggest it may reduce migraines by about a quarter and it might also help to stop an attack. Powdered dried leaf capsules are the usual preparation but others are available. It may cause stomach upset or mouth ulcers. It is harmful in pregnancy and may interact with blood thinning drugs.

Butterbur was used in the past but must be avoided because it may rarely cause liver failure.

Painkillers

Early use of high-dose painkillers has the best effect. Studies suggest pain is stopped within 2 hours in most people who take aspirin 600-900mg, paracetamol 1g or ibuprofen 600mg.

Specific migraine painkillers are called 'triptans'. Sumatriptan or zolmitriptan are typical agents. They should not be used if you have had a stroke, heart attack, very high blood pressure or vascular disease.

Quicker benefit may occur with soluble or dispersible tablets, nasal sprays and metoclopramide.

These drugs should be tried in at least 3 attacks before deciding on their benefit. They work about 60% of the time. They should all be limited to 3 days per week (2 for codeine/triptans) to avoid the risk of medication overuse headache. More information on medication overuse is below:

<https://www.nationalmigrainecentre.org.uk/migraine-and-headaches/migraine-and-headache-factsheets/medication-overuse-headache/>

Preventative medications

Preventative medicines are helpful if attacks occur on over 8 days per month. They should be taken daily for at least 2-3 months, whilst building up the dose every 1-2 weeks.

I am happy to discuss these in more detail.