

UNDERSTANDING MIGRAINES

Katy experts discuss the signs, symptoms, and treatments for migraines

Written by Elizabeth Padgett and Kirsten Cornell

Excruciating pain, sensitivity to light, nausea - it's no ordinary headache. For those suffering from migraines, the pain can be crippling. While migraines can affect anyone, women are three times more likely to suffer from this affliction. Migraines can occur up to several times a week, or for a lucky few, only once or twice a year. But what causes these painful attacks? Local experts help us dive into causes, risk factors, and treatments.

TELLING THE DIFFERENCE

Suffering from migraines has been identified as a neurobiological disorder. Dr. Heidi Schultz of Fulshear Family Medicine adds, "A migraine is usually an intense, pounding headache which can last for hours or even days. The pain often begins in the forehead, around the eyes, or the side of the head."

There are two types of migraines, classic and common. A classic migraine will have a forewarning aura. This pre-symptom can be experienced in the form of vision changes or a prickly, burning sensation. Common migraines, however, do not have the aura sensation.

COMMON TRIGGERS

Because migraines are different for each person, it is hard to narrow down precise factors; although genetics and environment have proven to play a role. Doctors theorize that they may be caused by changes in the brain by the neurotransmitter known as serotonin. When we experience



high levels of serotonin, our blood vessels constrict. Yet when serotonin levels decrease, the blood vessels dilate. The swelling is linked to the pain associated with migraines.

A second hypothesis currently being studied is that migraines coincide with the spreading of electrical activity in the brain. Hormonal medications, such as oral contraceptives and hormone replacement therapy, may also worsen migraines.

Other triggers can include food additives, alcohol, stress, sensory stimuli, or changes in your wake-sleep pattern. Dr. Schultz adds, "Food and drinks such as processed meats, chocolate, MSG, alcohol, and caffeine can worsen the symptoms. Women experiencing menopause or who are pregnant can also experience heightened effects to menstrual cycles, stress, and illnesses."

RISK FACTORS

Migraines can appear at any age, although most experience their first attack during adolescence. Risk factors include family history, hormonal changes, and age - most start before the age of 40, yet can range between 15 to 55 years of age. Dr. Atta Rehman of Neurology Associates of Katy, PLLC states that, "Migraines can go into remission for a long time, but have the potential to reoccur at any age."

PREGNANCY AND MIGRAINES

Some women can experience migraine attacks during pregnancy, or they may get worse. Medications should be used with caution if you are pregnant, including aspirin and ibuprofen, as they can cause birth defects or other problems. Most physicians advise expectant mothers to cease taking preventive medications altogether.

"I never suffered from migraines until the first trimester of my second pregnancy," says Katy mom Vanessa Blake. "I was actually misdiagnosed at the time. The physicians thought I was experiencing severe sinus problems due to swelling and pain around my eyes and nasal cavity."

Dr. Schultz adds, "Pregnant women are able to treat migraines with acetaminophen or ibuprofen prior to their third trimester." Utilizing natural remedies such as relaxation exercises and cold packs can also help reduce symptoms.

PAIN MANAGEMENT

Several pain-relieving and preventive options have been made available for migraine sufferers. Some treatments work best if started during the early onset of a migraine, halting it from manifesting severely. These include medications called triptans or ergotamine which constrict blood vessels in order to stop inflammation, thus minimizing the pain caused by swelling. Results have shown that they can begin relieving symptoms within 30 to 90 minutes.

"Before I was diagnosed with migraines, the attacks were so severe that I could not stand any form of light. Within five minutes of the onset I was vomiting and the pain was debilitating," says Blake. "I feel like I have tried everything to treat the attacks. I've been prescribed over 15 medications, one being an \$800 nasal spray, in an effort to live with migraines."

More common treatments include anti-inflammatory, over-the-counter medications such as Tylenol, Aleve, ibuprofen, and Excedrin. These are best used to treat mild to moderate migraines however, Dr. Rehman warns, "If used improperly or daily, these types of medications can not only change and transform the migraines, but can also cause rebound headaches."

"Thanks to a skilled Katy neurologist, I have been prescribed a set of medications that works well for my diagnosis and am doing much better," says Blake.

Because the causes of migraines have not been able to be pinpointed specifically, a medication has not been developed to exclusively treat the disorder. Consequently, common prescribed treatments include Topamax, anti-depressants, anti-seizure medications, and even botox injections for more severe cases. **KM**



MIGRAINE

- Moderate to severe level of pain
- Intense pounding or throbbing
- Can be debilitating
- Can be on one or both sides of the head
- Nausea or vomiting
- Commonly involve light and sound sensitivity
- Experience of aura before onset

HEADACHE

- Mild to moderate level of pain
- Distracting, but not debilitating
- Steady ache on both sides of the head
- Rarely involve light and sound sensitivity

ELIZABETH PADGETT has been known to succumb to the effects of migraines from time to time. Cold packs and naps have become her best friends.