

Chapter 1

Knowing What You're Dealing With: An Overview

In This Chapter

- ▶ Understanding migraines and other headaches
 - ▶ Finding causes and triggers
 - ▶ Seeing a specialist
 - ▶ Taking on family and work issues
 - ▶ Looking at various treatment options
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About 28 million Americans have migraine headaches. According to the National Headache Foundation's report on the American Migraine Study II, about 53 percent of migraine sufferers have headache pain that causes severe impairment or forces them to retreat to bed. And, the Excedrin Headache Resource Center reports that more than 80 percent of migraineurs have at least some headache-related disability; 50 percent or more, mild or moderate disability (inability to work or do usual activities); and 30 percent, severe disability. By age 15, about 75 percent of children have had a significant headache, and 28 percent of girls 15 to 19 appear to have migraines, according to *Headache and Migraine in Childhood and Adolescence* edited by Vincenzo Guidetti, George Russell, Matti Sillanpaa, and Paul Winner.

Unfortunately, migraines cause children to miss school and adults to miss work. In fact, some employers grow so leery of migraine-ridden employees that they look askance at this kind of problem. To them, it translates to diminished attendance and low productivity. And, according to a study published in *Archives of Internal Medicine* (April 1999), employers have reason for their interpretation: The study cited migraine costs of \$13 billion a year for American employers due to employees' missed work and lower productivity.

Getting a Take on What Migraines Are and What They Aren't

Migraines are intense, recurring headaches, but they aren't always debilitating, and they usually are manageable — if you take the time to sort out what kinds of things trigger your migraines, and what sorts of medications and lifestyle changes can make a big difference.

What migraines are

A common myth states that any bad headache, by virtue of being excruciating, must be a migraine. The truth, however, is that some migraines are mild to moderate (although many are severe, indeed). Some other types of headaches — tension, for example — can be extremely painful, too, as can headaches caused by more serious problems such as a hemorrhage (bleeding) in the brain.

The symptoms for migraines may take on many different traits in different people. The uniqueness of the symptoms, in fact, is one reason that some *migraineurs* (people who get migraine headaches) end up living for years without appropriate and effective medication at hand — they don't realize that their headaches are, in fact, migraines.

For example, you may assume, based on what you've heard or what "everyone says," that the headaches you get simply can't be migraines because you don't experience the symptoms that those old wives of "old wives' tale" fame say make a headache a migraine. The truth, however, is that migraines have a wide variety of symptoms, and not every migraine sufferer has the classic symptoms.

Symptoms of migraine headaches include, but are not limited to:

- ✔ You feel a throbbing or hammering pain on one or both sides of your head.
- ✔ The pain ranges from moderate to severe to almost intolerable.
- ✔ You may experience an *aura* (typically, a visual disturbance that lasts from a few minutes to less than an hour, or numbness and tingling of the mouth area and arms), although it's more common that migraine sufferers don't experience auras. Auras usually take place an hour or less before the headache.
- ✔ When you have a headache, you may feel lethargic and sad.
- ✔ Along with the headache, you may experience nausea, vomiting, malaise, an extreme sensitivity to light, smells, and/or sounds, and periods of no appetite.

Generally speaking, the following are some key features that characterize migraine sufferers:

- ✓ You come from a family that has other migraine-prone family members — your parents, grandparents, or siblings.
- ✓ Your headaches can last from several hours to two or three days.
- ✓ Sleep usually helps you feel better.

Your headache frequency can be several times a week, once a month, or even less often than that. And, migraines can make their presence felt before and after the actual headache. A day or two before your headache, you may experience symptoms such as yawning, frequent urination, drowsiness, irritability, and/or euphoria. After a headache, you may experience a *pain hangover* — you're tired, you don't feel hungry, and your thinking process seems slower.

A migraine is essentially a headache and more. Because your central nervous system's normal state of functioning is disrupted during a migraine, all your body systems are affected. As a result, you may be bothered by sounds, smells, and lights, or your scalp may feel tender, or your feet and hands may be cold.

It's widely agreed that the symptoms of migraines can be different for each individual, so don't assume that your headaches aren't migraines just because you lack auras or other classic symptoms. For example, you may describe your pain as splitting, while the classic symptom is more of a throbbing headache. You may happen to have generalized head pain instead of the classic one-sided misery. Or, you may have never experienced visual disturbances, nausea, or vomiting. Most migraineurs do experience light sensitivity, but maybe you never have. So tell your doctor about your symptoms, and let her be the one to identify the kind of headaches you're suffering from and determine what can be done to wipe out the pain.

In many people, migraines occur because they have a genetic tendency to get headaches — a body-system glitch leads to neurochemical changes that spiral, resulting in chemical shenanigans that affect blood vessels, altering blood flow to your brain and causing your head to ache. (See Chapter 3.)

What migraines aren't

The other main types of headaches have symptoms that are different from those of migraines — but sometimes symptoms overlap, making diagnosis difficult. (See Chapter 4 for information on headaches often confused with migraines.)

Some signs that your headache *isn't* a migraine:

- ✓ Your head pain can best be described as a dull ache.
- ✓ Your shoulder and neck muscles feel knotted-up.
- ✓ You have headaches only after sex or physical exertion.
- ✓ Your headaches are getting steadily worse.

Tripping through the Types of Headaches

Consider the following indicators of these common headache types:

✓ **Migraines:** The key symptoms that most healthcare providers look for are a throbbing head pain that's typically one-sided, intensity that's moderate to severe, and a lengthy duration (migraines can range from a few hours up to several days). Activity may make you feel even worse. You may have accompanying nausea and vomiting, and/or sensitivity to light and sound. If you suffer from migraines, you usually have headaches on a regular basis.

✓ **Tension-type headaches:** With this type of headache, you have a dull ache characterized by mild to moderate pain. The aching is on both sides of your head, and it comes on slowly.

If you feel pain around your neck and the back of your head, or in the forehead and temple region — and if the pain feels more like tightness than it does a throbbing or pounding — then you probably have a tension-type headache. You won't have nausea or auras with this kind of headache. Tension-type headaches can occur very frequently (even daily) and are sometimes very painful.

✓ **Cluster headaches:** This headache is characterized by sudden and severe piercing pain on one side of the head. These headaches come in clusters — appearing during several consecutive days, weeks, or months, and then disappearing, only to come back months or years later. Cluster headaches can come and go five or six times during a day. They're usually short-lived, lasting from 30 minutes to two or three hours each time.

With a cluster headache, you may have a droopy-looking eyelid or sweating on the side that hurts, and you may find that moving around makes you feel better. Typically, cluster headaches aren't accompanied by nausea or vomiting. Pain comes from behind one eye. The eye may tear up or become red, and the nostril on this same side may run or feel congested.

Comparing migraines with auras to ones without

A relatively small percentage (about 20 percent) of migraine sufferers have the signals or symptoms called *auras* (visual disturbances, speech problems, distortions of smells and sounds, numb hands, feet, and lips). Some migraineurs have auras occasionally, while others have

never had a single aura during their histories of headaches. (See more on auras in Chapter 2.)

Most migraineurs don't experience auras. So if your headaches don't come with auras, you aren't automatically placed in a different headache category (contrary to popular belief).

Looking at Some of the Reasons Why

If migraines run in your family, you may well have inherited a migraine tendency, which means that your gene pool set you up with a super-sensitive nervous system. Along with the hair you love and the nose you loathe, your predilection for migraines is part of your genetic material, and you can't run away from it. (Chapter 3 has more on the genetics/migraine connection.)

A migraine tendency is a dominant trait, so you probably inherited the penchant for having these headaches from your parent who suffers from migraines.

You may have noticed that certain foods, activities, sounds, or smells seem to trigger migraines. The problem is, this expected result may not occur every single time you eat Chinese food or take an aerobics class. It usually takes a village of triggers to raise a migraine: You never know if or when they're going to team up. (See food triggers in Chapter 11, exercise triggers in Chapter 12, environmental triggers in Chapter 13, and sleep-habit triggers in Chapter 14.)

Getting an Under-the-Hood Inspection and Tune Up

Diagnosing and treating migraines may require an investment of time, money, patience, trial-and-error, journaling (to discover triggers), and a strong working relationship with a doctor who does headache diagnosis.

Getting to the bottom of headaches can be complicated, so don't try to go it alone. If you do, chances are you'll flounder around for years without coming to any firm conclusions or finding painkillers that serve your needs. (See Chapter 6 on headache diagnosis.)

After you've been diagnosed with migraines, you can take your place as the Sultan of Scathing Headaches, starting to put remedies to work and implementing lifestyle changes. Find a positive tilt for the family and work issues associated with your headaches, and discover the best things to do when pain hits. You should also try to find ways to keep a migraine from forming.

Aspects of migraine management include: finding the right doctor and creating a treatment strategy, working to eliminate migraine triggers, handling family and work issues, and getting a heads-up on special issues, such as migraines associated with seniors, women, kids, stress, and sex. Plus, you need to familiarize yourself with red-flag headache signs that should send you scurrying to the emergency room.

Most of the time, migraines are quite manageable. Just figure out your headache triggers and rearrange certain aspects of your lifestyle, and you'll be on the road to sending your headaches to the B-team bench, where they'll languish and rarely take a starring role again.

Call on your top-flight patience when you start trying migraine treatments. Although you may get lucky and find that the first migraine drug your doctor recommends works perfectly for you, it's more common to have to go through a trial-and-error period of testing medications.

Migraines are quirky. If they weren't, doctors would be able to recommend the one super-sized honcho power-pill, and there would be no need for a book called *Migraines For Dummies*. But the truth is, migraine headaches come in as many varieties as there are materials in a fabric store. This variety makes them difficult — but certainly not impossible — to treat.

Handling Family and Work Issues

Getting a handle on family and work issues associated with migraines has several advantages. For one thing, you miss less work or school after you zero in on successful ways to manage your headaches. At the same time, though, the chronic nature of migraines means that you need to be prepared to deal with a headache that strikes when you're outside the home. You must have an arsenal of techniques ready to go.

Dealing with being misunderstood

Try real hard to understand all those folks who don't have migraines. You may wonder, "Why? What do you mean?" You may also feel indignant, "Hey, wait a minute — shouldn't I be the one expecting understanding?"

Well, the main reason you need to walk in others' shoes is because they definitely won't understand you or your headache predicament. Migraines are a strange illness to an outsider, and you really can't expect someone who hasn't had one to understand much about them. (See Chapter 24 for tips on dealing with people who don't get migraines.)

Most people who are migraine-free view migraine headaches in one or more of the following ways:

- ✓ **With skepticism:** They think that you're a hypochondriac.
- ✓ **With empathy:** They're sorry that you have to suffer.
- ✓ **With disinterest:** They don't want to hear about your migraines.
- ✓ **With anger:** They're mad when you have to cancel or call in sick, and your migraines inconvenience them.
- ✓ **With confusion:** Children, for example, have trouble understanding why a parent sometimes gets sick and can't do things for them, or why family activities have to be cancelled.

Taking these facts into consideration will help you deal with people around you in a happier, more consistent way. In return, you'll get better treatment because those close to you will know what to expect.

Also, the people skills involved in migraine management are extremely important because people who don't have migraines usually have trouble understanding them or relating to the sometimes-debilitating nature of headaches.

If head pain were your one-and-only problem, you'd be looking at a very different kind of malady. But the truth is, everyone associated with a migraineur is affected in some way (or to some degree) by the long-term nature of the affliction. It's up to you to set the tone for deft handling of your migraine's "extended family" of issues with all the people you deal with — family, friends, co-workers.

Basically, you either establish yourself as a capable, reliable individual who just happens to have headaches from time to time, or as a disabled person who wants everyone around her to jump when she needs help and show massive amounts of sympathy when she's down and out.

Exploring Options Galore

Without a doubt, the treatment/management situation today is very promising for migraine sufferers. You have much to celebrate. You have more options

than your mother or grandmother had when they were nursing a headache. These options can help make your life easier and much more enjoyable.

The following advantages represent the final word on today's overall migraine picture:

- ✔ Doctors know much more about migraines than they did 20 years ago. The introduction of triptan migraine drugs, specifically, improved the migraine-treatment picture dramatically. (See prescription drugs in Chapter 8.)
- ✔ Healthcare providers take migraines seriously. They can guide migraine sufferers in eliminating lifestyle factors that can aggravate a highly sensitive nervous system. The upshot: The migraineur is able to become less dependent on medication.
- ✔ The drug options for treating migraines are head and shoulders above the ones that were available a few decades ago. (Today's medications are way more effective because some of them are migraine-specific.)
- ✔ Alternative therapies abound, and some of these may serve as excellent complements to your primary migraine management plan.
- ✔ Generally speaking, most people have more accepting attitudes about the severity of migraines, even though headaches remain shrouded in some degree of mystery.
- ✔ Migraine sufferers have found a voice. Most realize that they do, indeed, have a right to speak up and seek help.

Suffering in silence with a migraine has gone the way of pecking on a typewriter. Migraine treatment is now so smart and savvy that it represents multi-tasking at its best. Bill Gates would be proud. And you can be headache-free.