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KEY TAKEAWAYS

- Migraine is the most burdensome illness in people under the age of 50, and in females. Among people with migraine who experience more than 15 days per month with headache, 20% are occupationally disabled.
- During an attack, the affected person experiences health loss of 43.4% compared with a person in full health.
- Migraine is the least publicly funded of all neurological illnesses relative to its economic impact.
- Migraine with aura is associated with a 20% increased risk of mortality.
- One reason that migraine is underfunded is the misconception that it is “just a headache.”
- Migraine is actually a neurological disorder that affects the chemistry and electrical signaling of the brain.

QUOTES

“"In most countries, migraine is a leading cause of disability across all ages.”

“And I tell my patients that if your doctor is not interested in it, take a brochure, take a printout, and then ask them, 'You could visit this site, you could take this app, or you could visit the International Headache Society website,' and bring them to be interested in those things. So, you make them interested in it.”

“Now, the onus is up to us, how we move forward in finding the cure that we are going after. I basically think that this is a curable disease.”

PRACTICAL STEPS

- Educate yourself on the types of migraine, treatments, and self-care so you will be able to work cooperatively with your doctor.
- Encourage your doctor to learn more about and be more interested in migraine disease.
- Understand and share with others information about the costs of migraine disability.
- Join local or national migraine advocacy organizations.
- Lobby your government to increase funding for migraine research.
- Join a migraine patient support group, where you can raise issues and take part in discussions with others.
**2021 INTERVIEW SUMMARY SHEET**

**Unlocking the Mystery of Migraine**

**Pathogenesis**

Pathogenesis: Why do you have migraine and someone else doesn't? Pathophysiology: What hurts? Why do you have nausea? Why are you sensitive to light?

If we understood all of the pathways, and if we understood all of the connections, and all of the chemicals involved, and we understood how they produced individual symptoms ... and if you understood exactly what was going on, you could target therapy at that ... So, the better we get at this, the better we'll get at therapy.

Every day you lose to migraine is a day you shouldn't lose. Let's try and join hands and really demand more resource so that your migraine gets understood the way it should be. So you can have all the life that you want.

**Key Takeaways**

- Migraine pathways are concepts and explanations used by medical researchers and professionals to build a framework to understand what is happening: A framework that can be tested, and a framework to develop new therapies for treatment.
- Understanding a single symptom of migraine (like yawning) can help narrow down the brain chemical and the pathway that may be involved, allowing for targeted and optimized treatment. This is the goal of understanding migraine pathways.
- Many migraine pathway concepts exist including: the trigeminal, the serotonin, the dopamine, the GABA, the vascular, and the inflammatory pathways.
- Migraine is not static in patients, and changes over time; this is an element of migraine that requires better understanding.
- Research on migraine and migraine pathways is leading to better therapy and treatment options for patients.

**Quotes**

“Pathogenesis: Why do you have migraine and someone else doesn't? Pathophysiology: What hurts? Why do you have nausea? Why are you sensitive to light?”

“If we understood all of the pathways, and if we understood all of the connections, and all of the chemicals involved, and we understood how they produced individual symptoms ... and if you understood exactly what was going on, you could target therapy at that ... So, the better we get at this, the better we'll get at therapy.”

“Every day you lose to migraine is a day you shouldn't lose. Let's try and join hands and really demand more resource so that your migraine gets understood the way it should be. So you can have all the life that you want.”

**Practical Steps**

- When speaking to your health care professional, provide as much detail as possible about your headache, including other symptoms that come with it, to ensure your provider can accurately diagnose your condition.
- Consider participating in medical research when asked to do so. It helps doctors and the entire migraine community learn valuable insight into migraine disease.
- Understanding migraine better will help you and your health care provider with optimal treatment plans.

**Treatments Cited**

Antidepressants
Antiemetics
CGRP
Ditans
Gepants
Naproxen
Triptans
Some 39 million people worldwide have migraine, and about 2% to 3% of those people have chronic migraine, which is defined by at least 15 days a month of any type of headache, eight of which include full-blown migraine symptoms.

Frequent medication use leads to increased frequency of migraine, as well as migraine that's harder to treat.

Risk factors for chronification of migraine include: medication overuse, comorbidities like mood or pain disorders, obesity, snoring, stressful life events, a history of head injury, and high caffeine intake.

People with migraine tend to underreport the frequency of attacks, often because they've “normalized” them, or because they've internalized the stigma that the best version of themselves doesn't include migraine.

If you're running out of medication every month, counting or rationing pills, and negotiating which migraine attacks are worth treating, you may have chronic migraine and should consider seeking proper treatment.

Be honest with yourself and your provider about how frequent and debilitating your migraine attacks really are so that you can come up with a plan together of how to effectively treat the condition.

Don't agonize over every pill you have to take, or let migraine dictate your life.

Consider doing advocacy work, and check out the websites for CHAMP, Miles for Migraine, and Headache on the Hill.
We noted that increased frequency of migraine was predictive of higher incidence of both depression and anxiety disorders, and also there was higher occurrence of migraine within those populations, as well.”

“Both migraine disease and psychiatric disorders remain underrecognized, underserved, and undertreated; and unfortunately, because of that, the co-occurrence, or the comorbidity, becomes a larger problem.”

• Migraine disease and psychiatric disorders like depression and anxiety frequently occur together.
• Dysregulation in certain areas of the brain can lead to both migraine disease and psychiatric disorders.
• Even if mood is not the primary issue, it’s important to assess it and decide what role it might be playing in migraine disease and patient health in general.
• Psychiatric conditions should be addressed concurrently, and as early as possible, during treatment of migraine disease.
• Both depression and anxiety are predictors of the transition from episodic migraine to chronic migraine.
• Acceptance can play an important role in coping with migraine; it does not mean giving up an active role in controlling your condition.

“Acceptance can play an important role in coping with migraine; it does not mean giving up an active role in controlling your condition.”

• Coping strategies need to be exercised to be strong. Instead of turning to relaxation and de-stressing strategies only in emergencies, build them into your life on a regular basis to manage stress before it reaches a boiling point.
• Seek out some form of regular therapy, whether it be through health care professionals, community support groups, religious leaders, or other means.
• Health care providers should assess and address psychiatric comorbidities concurrently with assessment and treatment of migraine disease.

TREATMENTS CITED
Antianxiety medication
Antidepressant medication
Biofeedback
Bite plates
Cognitive behavioral therapy
Exercise
Mindfulness
Progressive muscle relaxation training
Psychotherapy
Socialization
**KEY TAKEAWAYS**

- Increased molecular understanding of migraine is attracting new students and brain power to the field of migraine and reducing the stigma around the disease.
- Many precision migraine treatment options have come on the market in the past two years, and more are on the way.
- New treatment options include CGRP antibodies, gepants, ditans, and neuromodulation and neurostimulation devices.
- CGRP antibodies are proving to work in episodic and chronic migraine, in people who have failed other drugs, and in patients with migraine comorbidities.
- Gepants are one of the first acute treatments that do not cause medication adaptation headache, and should be approved for prevention in the next year.
- Trials are ongoing with children for CGRP-directed medications and gepants. The Nerivio device is approved for use in children.

**QUOTES**

“When you think about the fact that we’ve got seven drugs, three new targets — just in the past two years — that’s unprecedented in the history of migraine.”

“One of the key attributes of the gepants is that they may be the first, really the first, acute treatment for migraine that doesn’t cause medication overuse headache or rebound.”

“There are a lot of different tricks that we use in people who are not responding optimally ... Oftentimes, it requires combinations of medications or combinations of modalities.”

**PRACTICAL STEPS**

- Seek treatment from creative providers who will work with you on finding the right combination of medications and devices that work for you.
- When trying CGRP treatment, monitor your blood pressure for elevation, especially if you have hypertension.
- Consider neuromodulation and neurostimulation devices.
- Consider an acute medication near the end of your CGRP preventive to avoid a ‘letdown’ migraine.
- Stay tuned for many of the new treatments to be approved soon for children as testing and studies are completed.

**TREATMENTS CITED**

- Atogepant
- Cefaly device
- CGRP antibodies
- Ditans
- Ear insufflation
- Eptinezumab
- Erenumab
- Gepants
- Lasmiditan
- Nerivio device
- Neuromodulation device
- Neurostimulation device
- NSAIDs
- OnabotulinumtoxinA
- Triptans
- Vagal-nerve stimulator
- Zavegepant
• People of color experience higher incidence of migraine disease as well as higher frequency and severity of migraine attacks.
• Historical, cultural, and systemic factors contribute to a different — and often inadequate — health care experience for people of color.
• Your ZIP code could have an influence on your experience with migraine.
• Many people suffer in silence, and physicians often minimize the pain of people of color.
• Racist micro-aggressions contribute to chronic stress and may trigger migraines in people of color.
• While some patients may connect better culturally with health care providers of their same racial or ethnic group, they overwhelmingly say that respect and being treated as equal partners are more important than race or ethnicity.
• Health care practitioners, companies, and organizations all have a role in combating racial inequities in health care.
• Community outreach to local gathering places such as barber shops, beauty salons, bodegas, and places of worship can spread information about migraine.

"People of color in this country get sick more frequently. They're screened for illness less often. They're diagnosed later. They're treated less aggressively — and then buried earlier."

"Your clinical expertise will get the patient to you the first time; your cultural competence will keep them coming back."

“We're all in this together. And we are entitled to quality health care that's culturally competent, that's equitable. It's not a privilege, it's a civil right.”

• Educate yourself about migraine.
• Advocate for yourself and demand quality care.
• If you are not a person with migraine but you know someone who is, be their advocate.
• Health care companies and organizations must come up with new ways of reaching people and having conversations about race.
• Be aware of and educate others about the racial inequities in health care.
• Lobby for more racial diversity in clinical research.
The concept of “migraine threshold” implies that certain lifestyle factors can be controlled, thus increasing your tolerance to some migraine triggers.

A cause of migraine is why you are susceptible to migraine, such as genetics; whereas a trigger is the reason you experience migraine on a particular day.

Mood disorders are a common comorbidity with migraine, and they can be caused by migraine itself or by medications used to treat migraine.

Emergency medical treatment may be necessary if you are experiencing a migraine that’s notably different from your typical migraine symptoms.

There are four phases of migraine with symptoms that can vary between individuals and among different attacks within the same individual: prodrome, aura, headache, and postdrome.

Shift your migraine threshold by getting consistent sleep, eating regularly, staying hydrated, and modifying other lifestyle factors that could be impacting you.

Seek medical treatment if you’re struggling to keep an attack under control, or if you are experiencing an attack that’s different from your usual migraine episodes to rule out an underlying condition.

Consider other known conditions you may be experiencing that may trigger migraine and discuss with your provider how to manage each comorbidity.

Take control of every aspect of your daily life that you can to reduce your chances of triggering a migraine event.
Moving Through the Pain: Exercise and Migraine

2021 INTERVIEW SUMMARY SHEET

Professor, Neurologist & Director, Montefiore Headache Center

Richard B. Lipton, M.D., FAHS

KEY TAKEAWAYS

• Exercise is a valuable tool for treating migraine and headache disorders, and many other comorbidities.
• Migraine triggered by exercise is rare, but there is a type of headache called benign exertional headache, which is a nonmigraine headache triggered by exertion.
• Exercise is not a one-size-fits-all solution to treating migraine. Age, familiarity with exercise tools and techniques, and overall well-being are some things that should be taken into consideration when making a workout plan.
• Pushing through pain is not necessary or recommended when it comes to migraine and headache disorders and exercise.
• Though exercise itself is not always a migraine trigger, being mindful of the ways exercise can contribute to other migraine triggers is important.

QUOTES

“The pace that really matters, particularly for people with migraine, is how you pace yourself over the years and over the decades. And what you want to do is invest in your health, invest in improving your ability to manage your own migraine.”

“There are a number of randomized trials where people with migraine are put into one of two arms: In one arm, there’s regular exercise; in the other arm, there is not regular exercise. And when you compare over time, people ... who exercise regularly with those who don't, there's regular improvement in headache.”

“Exercise, in many ways, is a natural migraine preventive and also reduces the frequency and severity of migraine.”

PRACTICAL STEPS

• Exercise at a pace that is comfortable for you, working with your body, not against it.
• Be aware of other potential migraine triggers while working out: Staying hydrated, protecting yourself from the sun, and exercising indoors with air conditioning are helpful ways to avoid a migraine attack.
• If exercising for the first time, or after a while, work with your health care providers to create a safe plan that works for you.
• Exercise is not an easy and instant fix, however the hard work put into creating a habit that works for you has many benefits that will help your overall health.

TREATMENTS CITED

Acute medications
Behavioral stress management techniques
Exercise (gentle aerobic exercise)
Hydration (Gatorade)
Indomethacin
Lifestyle modifications
Mindfulness meditation
Physiotherapy (physical therapy)
Preventive medications
Progressive muscle relaxation
Topiramate
Yoga
“We know migraine, of course, is a 4- to 72-hour event in adults. So, if someone is having three days of a migraine attack, and that happens to them twice a month, that’s only two attacks if you count attacks — but that is six days and that’s a week.”

“The higher the frequency [of migraine], the more one needs — or is likely to need or have — preventive therapy. And then the other component which therapy — preventive therapy — can be directed at is severity. So, capturing both frequency and severity are very important.”

“Only about 13% of patients, you know, really get offered preventive therapy.”

• Preventive therapy is indicated when migraine is disabling or frequent.
• Preventive migraine therapy can reduce the use of acute medications and the risk for medication overuse headache.
• If you have an ineffective acute treatment, you’re at risk for chronification of migraine.
• Preventive migraine medications can reduce the severity and frequency of your attacks; also, your acute medication will work better.
• Beta blockers, calcium channel blockers, angiotensin receptor blockers, anticonvulsants, Botox, and CGRP medications are the major classes of migraine-preventive drugs.
• If you are not responding well to your migraine therapy, your doctor may need to rethink your diagnosis.

Acetaminophen  
Amitriptyline  
Angiotensin receptor blockers  
Anticonvulsants  
Antihypertensive drugs  
Beta blockers  
Calcium channel blockers  
Candesartan

CGRP monoclonal antibodies  
NSAIDs  
OnabotulinumtoxinA (Botox)  
Paracetamol  
Physical therapy  
Topiramate  
Triptans  
Valproate  
Valproic acid  
Verapamil

Be prepared to provide your doctor with your complete migraine history, going back to childhood.
• Advocate for more attention to be paid to women of color and men with migraine.
• Spread awareness that adverse childhood experiences can lead to chronic health conditions like migraine.
• Don’t give up hope. Educate yourself and your health care provider with accurate information about migraine from the National Headache Foundation and The Migraine Trust.
• Join an advocacy organization.
• If someone tells you that they can't help you, find someone who can.
**KEY TAKEAWAYS**

- Several studies indicate that weight gain and obesity are likely to be tied to migraine.
- The benefits of exercise for individuals who experience migraine far exceed the risks.
- Individuals who exercise regularly have lower levels of stress, which is a trigger for migraine attacks. Regular exercise leads to better sleep, which is also a benefit for people with migraine.
- Yoga, and particularly hatha yoga, might be particularly efficacious for somebody with migraine because it actually works on some of the mechanisms that we see in those who experience migraines — such as neck pain and stiffness, anxiety, and catastrophizing about pain — and also reduces stress.
- A healthy diet and exercise should be lifelong habits, not a phase.

**QUOTES**

“I would strongly advocate for a healthy, varied diet, one that is more mainstream — for example, the Mediterranean diet — versus any sort of fad diet or taking a weight loss supplement for which we don’t know the health effects, particularly in somebody who has migraine.”

“I think that in terms of aerobic exercise, we would generally tell our patients to start with walking — it’s easy, it’s safe, it’s cheap, it’s practical — and to do that regularly ... But you get a bigger bang for your buck if you combine exercise and dietary modification.”

**PRACTICAL STEPS**

- Make dietary changes gradually rather than all at once, because some individuals might have dietary triggers that they may not even be aware of.
- Choose a healthy, varied diet that is more mainstream — for example, the Mediterranean diet — versus any sort of fad diet or taking a weight loss supplement for which the health effects are unknown, particularly in an individual who has migraine disease.
- Try different forms of exercise to see what works for you.
- Don’t neglect your sleep. Look at your whole 24 hours and think about your health on the 24-hour clock, not just when you’re awake.

**TREATMENTS CITED**

- Bariatric surgery
- Exercise
- Hatha yoga
- Mediterranean diet
- Weight loss
You have to think of migraine as this diffuse brain process. And a lot of the things that are going on in the brain that have to do with pain, also are involved in the so-called associated symptoms of migraine, as well.

When migraine becomes chronic, probably [people] get sensitization of those neurons in the brain. It takes less of a threshold to activate them. And they kind of get into this state where they're always light sensitive, even if they don't have a headache. And that can be a real problem.

Although it is more common with migraine, light sensitivity can also go along with other headache types, such as cluster headache and tension-type headache.

Light sensitivity can be both a symptom of and a trigger of migraine.

There are some conditions that can cause extreme light sensitivity, but sometimes people can take it too far and avoid all light because they have fear or anxiety of it causing pain. This is not beneficial.

If light sensitivity is a migraine trigger, the migraine will usually come on almost instantly, whereas if it's part of the prodrome, other symptoms will likely accompany it and the migraine will build after a longer interval.

Researchers have found that different colors of light can produce different emotional responses in people, with green tending to be most calming and soothing to people, particularly those with migraine.

Excessive screen time can cause dry eye, which is the most common cause of photophobia.

If you're light sensitive, it's not a good idea to avoid the light altogether and live in a constantly dark environment because then you will “dark adapt,” and when you do go into the sunlight, it's going to seem too bright and can cause pain.

Try using some of the FL-41 tinted lenses that are now widely available online, as well as prescribed by an optometrist.

Consider trying out red contact lenses or red sunglasses, which are sometimes recommended for some people with light sensitivity.

Consider using a specialized green lamp. An ophthalmologist is a good specialist to start with in seeking solutions to light sensitivity.

Getting your headaches under control should also improve your photophobia.
The science on why exactly weather and other environmental factors have an effect on migraine is still inconclusive, however new studies continue to bring us closer to having answers.

Weather and atmosphere changes on their own are unlikely to trigger a migraine or headache attack.

Air pollution, while unknown why, does appear to have an influence on migraine and headache.

Weather is unavoidable, so when you’re unable to avoid the outside, knowing how to protect yourself from weather triggers is the best weather-related treatment.

There are no specific medications currently for treating a migraine or headache attack based on weather as a trigger.

“IT'S JUST THE FEAR OF HAVING AN ATTACK THAT JUST MAKES IT SO LIKELY TO HAPPEN THAT THEY'VE BEEN REALLY TRIGGERING THE ATTACK — AND THIS IS THE SAME WITH WEATHER. SO, I WOULD ALWAYS RECOMMEND TO PATIENTS NOT TO OVERSTRESS CERTAIN TRIGGER FACTORS LIKE THE WEATHER.”

“AND SOMETIMES YOU'RE LIKELY TO NEED SEVERAL TRIGGERS WHERE YOU SAY, ‘OK, THE WEATHER IS NOW ... WE HAVE A CHANGE,’ WHICH ON ITS OWN DOES NOT TRIGGER AN ATTACK. BUT IF AT THE SAME TIME YOU HAVE NOT SLEPT WELL, OR YOU HAVE SKIPPED A MEAL, OR YOU'RE VERY STRESSED — THEN SUDDENLY IF YOU HAVE TWO OR THREE TRIGGERS, IT'S ENOUGH TO TRIGGER AN ATTACK.”

When weather has you stressed, remember that atmospheric changes may be just one of several triggers that accumulate to raise you above the migraine attack threshold.

Keeping track of migraine triggers can be helpful for some, but not for everyone. Try to figure out if and how weather affects your migraine.

Take the necessary steps to be comfortable while outside, such as wearing sunglasses or a large-brimmed hat to block the sun.

Sometimes the best thing you can do is stay indoors when the weather could cause pain and discomfort.

Water pills (acetazolamide)
The world of migraine treatment is awash in pills, but this doesn’t always take the gut-brain connection into account.

Because the upper nasal space has good permeability and is highly vascular, it may provide rapid drug absorption into the system and consistent and predictable drug delivery. It avoids absorption of medications through the gut, which can often be inconsistent and slow due to factors such as gastroparesis associated with migraine.

In a recent survey of nearly 4,000 migraine patients, 48% who take an oral medication report still having pain two hours after taking the medication. Even when medication initially seemed to help, 38% report their headache returning within 24 hours.

GI symptoms outside of migraine — like nausea, vomiting, constipation, diarrhea, acid reflux, abdominal pain, bloating, weight loss, or feeling full long after meals — could be related to one of the disorders of gut-brain interaction that can be associated with migraine. These include functional dyspepsia, cyclic vomiting syndrome, gastroparesis, and irritable bowel syndrome.

Some 80% of people with migraine may also have gastroparesis, or delayed emptying of the stomach.

Gastroparesis and other GI conditions can contribute to inconsistencies in the efficacy of oral medications. Also, these medications might be vomited before being fully absorbed.

The upper nasal space is an underutilized route for migraine treatment, but may be an optimal route for delivery of medications.

Consider talking to your doctor about a non-oral option for medication if you experience nausea or vomiting during your migraine attacks, or if you think you may have one of the disorders of gut-brain interaction associated with migraine.

It’s important to keep in mind that if oral acute medications are not bringing you adequate relief, you should consider a different route of administration, such as intranasal.

Consider that many of the current nasal-delivery technologies (sprays, droppers, and pumps) deliver less than 5% of the active drug to the nasal space. New technology is currently being explored to deliver medicine more efficiently to the upper nasal space.
How an Integrative Approach Can Help Migraine

Deena Kuruvilla, M.D., FAHS

**KEY TAKEAWAYS**

- Integrative medicine is gaining more acceptance, thanks to increased research and the growing number of providers in this field.
- If medical treatment alone is not enough, it may be beneficial to seek information about integrative therapies.
- Providers should keep the lines of communication open with their patients in a judgment-free environment, and support them in exploring new treatments and help to create a tailored treatment plan.
- Although there are many nonmedical treatment options, such as acupuncture and nutraceuticals, some require more research regarding their safety and efficacy.
- The amount of time it takes to determine whether a particular integrative approach is working can vary from person to person.

**QUOTES**

“I think it really starts off with finding a provider who’s managing migraine from a mainstream therapy standpoint and an integrative medicine therapy standpoint, and really learning about the evidence from the provider first…”

“It’s really important [for the provider] to have an understanding of why [the patient] wants to have an approach, so that you can have this back-and-forth conversation that’s helpful for both people, both for the provider and the patient.”

**PRACTICAL STEPS**

- Research different complementary approaches and discuss these options with your provider before incorporating them into your treatment plan.
- Refer to the many resources on the American Headache Society website and in the *Headache* journal for more information on how to get started with integrative medicine.
- Find a provider who’s open to exploring both mainstream and integrative therapies.
- When implementing a new integrative treatment, give the treatment some time before moving on to a different approach.

**TREATMENTS CITED**

- Acupuncture
- Chiropractic
- Ginger
- Green light therapy
- Magnesium oil (though not a recommendation)
- Massage
- Physical therapy
- Psilocybin
- Sumatriptan
- Timolol maleate
In general, there's plenty of treatments available to people with migraine of any age, and I think that seeking care and advocating for yourself and being knowledgeable about it is key to getting better.

Because migraine is just so common, we still see plenty of people where we diagnose it at an older age, and certainly there's different treatment considerations in people of such an age.

The symptoms of migraine can and often do change with age.

Studies have shown that people with episodic migraine tend to have a “quieting” of symptoms with age, while people with chronic migraine do not tend to have a remission of symptoms with age.

Older medications like triptans still seem to be safe among older people with migraine, however, cardiovascular health must be considered, along with other conditions that come with age.

If a new aura happens without headache, or other visual or speech disturbances suddenly occur, seek immediate evaluation.

Be wary of drug interactions between migraine medications and medications used to treat other conditions common in older people.
**KEY TAKEAWAYS**

- Some people, after they have a head injury, develop symptoms following that head injury. And if you lump all the symptoms together, it's called the post-concussive syndrome, the most common symptom of which is headache.
- If a head injury is serious enough to cause post-concussive syndrome or post-traumatic headaches, it is likely that a neck injury also occurred.
- A good way to start treatment is with a general physician who will examine neck stability and look for neck deformation issues.
- There's always something to try, including both pharmacological and nonpharmacological treatments like stimulation devices. So never give up.

**QUOTES**

“You get a concussion, you need to be watched very closely. And in my humble opinion, I think everybody needs to go have an imaging test. And the reason I say that is because when we talk about concussion, we're talking about a hard enough blow to the head to cause a person to significantly alter their behavior. That's a pretty big blow to the head. It doesn't come with just a tap.”

“Over the years, I've sort of embraced many, many different treatment modalities, and so I never tell patients we're out of ideas. There's always something to try... So... I never give up, you know?”

**PRACTICAL STEPS**

- If you have suffered a blow to the head, have someone to watch you for 24 hours. Get medical treatment that includes head and neck imaging. Start with a primary care provider who is familiar with neck deformation and how to treat it.
- Work with your health care professional partners to put together a personalized, optimized treatment plan that incorporates a variety of modalities.
- Understand that recovering from a blow to the head may take a long time. Be patient with yourself and your recovery. Seek physical and psychological therapeutic assistance.

**TREATMENTS CITED**

- Anesthetic
- Nerve blocks
- Neuropsychological testing
- Pain psychology
- Physical therapy
"Yoga is truly a transformational experience which can definitely help prevent your migraine attacks but also help you live better — even with the disease. It can help treat your mental health challenges and bring you more at peace in the present moment — calming your nervous system and bringing a great deal of stress relief even on high pain days."

“You can practice yoga sitting in a chair, you can practice it lying down. And you can find something that is accessible that helps you relax and feel good no matter what your limitations are.”

- The ancient practice of yoga can be beneficial for many things in modern life, especially for stress reduction. The combination of breathwork, mindful meditation, and physical postures can help calm the nervous system, which is often overactive in people with migraine.
- A study in India found that people with episodic migraine who practiced yoga three to five days a week were able to reduce their intensity and frequency of migraine attacks by 48%.
- Even on high pain days, there are forms of yoga called yoga nidra and restorative yoga that can be done with minimal effort or movement, and sometimes without even having to get out of bed.
- Studies have shown yoga can improve insomnia and lead to better sleep, a crucial element in migraine prevention.
- Yoga can be beneficial for other chronic pain conditions in addition to migraine, such as fibromyalgia. It can also help some of the comorbidities of migraine, such as depression and anxiety.
- Just about anybody can do yoga, no matter their age or physical condition. It can even be done in a wheelchair.
- Yoga can be an ideal way for people with migraine or other limitations to get the recommended amount of exercise per week because it can be modified to suit one’s pain level.
- Even if neck pain or vestibular symptoms accompany migraine, there are appropriate yoga practices and modifications that could be helpful.
What's healthy for your body is probably healthy for your brain and your migraine: So, I think that trying to minimize processed foods to the best you can; not eating sweets; eating foods that are high in good fats, like omega-3's, and foods that are low in omega-6's ... and basically eating lots of fruits and vegetables.

Foods can contain certain fatty acids that increase inflammation, and certain fatty acids that reduce inflammation in the body.

When they've done diary studies, what they found is that they can prove statistically that a dietary trigger is linked to a given person in less than 10% of cases, but that probably underestimates the effects of diet because that's just for each individual food.

A healthy diet depends on what works best for an individual's needs. Many diets that are helpful in treating migraine have overlapping functions, and a combination of different diets may work best for you. Some diets, like the ketogenic diet, should be followed under the supervision of a medical practitioner for optimum safety.

Caffeine, MSG, and alcohol have been shown in studies to definitively trigger headache and migraine.

Many different diets can help with diseases and disorders often related to migraine and headache.

Fasting, which is part of some religious observances, has been correlated with headaches.

Keep a diary of your potential food triggers to know what dietary changes you will most benefit from. Before starting a new diet, speak with your health care provider to determine the safest way to change your diet. Remember, what's good for your body is often good for your brain: Incorporate fresh foods, healthy fats, and vegetables of varying color and types, and limit sweets.

Weight can contribute to creating more inflammation in the body — choosing healthy foods and being mindful of calories can help with weight concerns.

It's not necessary to follow a single diet. Your migraine triggers and comorbidities should be taken into account when making your food choices.
"It's an amazing time for people with migraine because of the prospect of improvement ... This is the time to go back in and talk to an educated provider about the prospect of better treatment."

“Once people move into the 10-15-days-of-use range for any pain medicine, that pain medicine can worsen the migraines”

“The monoclonal antibodies ... convert the majority of people from medication overuse to non-overuse, and from chronic to episodic migraine ... just by starting and continuing the monoclonal antibodies.”

Key Takeaways:
- Medication overuse headache (MOH) is defined as headache that occurs at least 15 days a month and is associated with acute medication use from 10-15 days a month, depending on the medication.
- Older acute treatments, including triptans, NSAIDs, analgesics, butalbital, and opioids, all cause transformation to chronic migraine when used above a certain threshold.
- Gepants and DHE do not contribute to chronic migraine or MOH.
- Nearly all acute pain medications, whether for migraine or not, contribute toward MOH.
- Butalbital and opioids should be avoided.
- The new CGRP medications convert most people from chronic to episodic migraine, and from MOH to non-overuse.

Quotations:
- Stewart J. Tepper, M.D., FAHS

PRACTICAL STEPS:
- Seek an educated provider and discuss the new medication options of CGRP antibodies and gepants.
- Find alternatives to butalbital and opioids.
- Consider that if you are taking pain medications of any sort, 10 to 15 days per month, you are at risk of transforming to medication overuse headache or chronic migraine. Seek better treatment options to reduce this risk.
- Advocate for yourself and the migraine community for proper use of medication for treatment.
Because migraine is an unseen disability, it can be difficult for employers to understand all that it entails.

Employees with migraine can ask for accommodations, such as lighting adjustments, a smaller space, and noise reduction, as long as it doesn’t cause a hardship for the employer.

Temporary or trial accommodations, such as working from home, are recommended to see how they work out for both the employee and employer.

Even if an employee works from home, they can request accommodations, such as equipment, a change in supervisory methods, and a flexible schedule.

A lot of people choose to wait until after they’re hired to disclose their disability.

People who work from home are also entitled to ask for accommodations.

It’s important to communicate your needs to your employer, and to be honest about your needs and abilities.

One in four Americans has some kind of mental health impairment, which is a huge part of the workforce having disability.

There are resources to help employees with migraine who might be discriminated against because of their condition.

It’s important to consider how an employment environment will affect one’s condition before accepting a job.

Document all communication with your employer in writing and keep track of what you spoke about and when.

Seek assistance and information from the Equal Employment Opportunity Commission (EEOC) and the Americans with Disabilities Act (ADA) if you think you’ve been discriminated against because of your condition.

Consider asking your employers for accommodations, even if you work from home.

Don’t misrepresent the truth when applying for a job, and be honest about your condition and abilities once you do have a job.
**KEY TAKEAWAYS**

- New daily persistent headache occurs abruptly and never goes away. In contrast, chronic migraine usually starts with episodic headache, which progresses over time.
- Hypnic headache occurs during sleep and wakes people up.
- Hemicrania continua is a continuous headache on one side of the head and is more common in women than in men.
- New daily persistent headache is similar to hemicrania continua but is usually on both sides of the head.
- Thunderclap headache happens suddenly, reaches maximal severity in a minute, and lasts five or more minutes.
- Exertional headache or exercise headache is a primary headache that happens in patients with migraine.
- There are over 200 types of headache, according to the International Headache Society.

**QUOTES**

“If you are going to have strong power to show some medication to be effective in clinical trials, you must collect many patients to join. And since these headaches are very rare, doctors do not have enough patients to do the clinical trials.”

“Sometimes it’s due to infection, sometimes due to neuroinflammation. Right now, people do not know the exact cause of new daily persistent headache.”

“For patients with hemicrania continua, they just don’t need to be worried because this headache is easily treated: 100% responsive to indomethacin.”

**PRACTICAL STEPS**

- Misdiagnosis of rare headaches is common, so you’ll need to describe your symptoms and headache history very clearly for a proper diagnosis.
- If you are seeing a neurologist and your headache is not well managed, you will need to consult a headache specialist.
- There are many treatments available for rare headache types. Keep searching for the right specialist to properly diagnose your headache type and find the appropriate treatment.
- If you experience sudden, severe head pain it’s important to go to the ER immediately, because it could be potentially fatal.

**TREATMENTS CITED**

- Calcium channel blockers (Isoptin, nimodipine)
- CGRP monoclonal antibodies
- Coffee before sleep (for hypnic headache)
- Corticosteroids
- Depakote
- Diamox
- Ergotamine
- High-flow oxygen for cluster headache
- Indomethacin
- Lithium
- Melatonin
- Propranolol
- Sumatriptan
- Topamax
- Tricyclic antidepressants
- Triptans (oral, subcutaneous, intranasal)
**KEY TAKEAWAYS**

- Studies show that treating a migraine early, when the pain is still mild, is beneficial in terms of both outcome and recurrence.
- Common prodromal symptoms include excessive yawning, neck pain, light sensitivity, mood changes, and frequent urination.
- It is a misperception that migraine must feature aura in order to be considered “migraine.” In fact, only about 30% to 40% of people with migraine experience aura.
- Nonmedicinal approaches, such as devices, meditation, and breathing exercises can be especially effective during the prodrome phase of an attack.
- There are now more new treatments and developments than ever in the history of headache medicine.

**QUOTES**

“If you feel that you're not living the life that you want to live, and migraine is impacting your life in a negative way, sometimes we have to remember: I deserve this, I'm worth it and I need to and want to live the life I want to live.”

“This is a great time in migraine ... Things are happening that are unprecedented in the history of headache medicine.”

“Self-care isn’t selfish. In fact, it’s often the best gift that you can give others.”

**PRACTICAL STEPS**

- Learn to identify early warning signs of an attack and treat them appropriately.
- Seek online education and support from organizations like the American Migraine Foundation, the National Headache Foundation, and CHAMP (Coalition for Headache and Migraine Patients).
- Work with your health care professional partners to put together a personalized, optimized treatment plan that incorporates a variety of modalities.
- Maintain a regular routine (sleep, exercise, nutrition, hydration) to keep your brain and nervous system happy.

**TREATMENTS CITED**

- Acupuncture
- Biobehavioral therapies
- Biofeedback
- Cognitive behavioral therapy
- Green light therapy
- Mindfulness
- Neurostimulation
- Nutritional supplements
- Social support
- Yoga
“Being open and honest with your partners is the most important thing. And letting them know about your migraine condition and how migraine affects you and that it can cause symptoms more than just a headache.”

“Whether it's a headache during exercise or exertion, or during sexual activity, or at any time — really, the most concerning feature that you want to seek medical care for is if the headache is maximal intensity within seconds.”

A sudden-onset headache that increases in severity in a matter of seconds is a sign to seek immediate medical attention.

Certain medications can have an effect on libido, but there are many other medications and nonmedication approaches for treating migraine.

Headache associated with sexual activity does not necessarily happen every time a person has sex.

It's possible for headache during sexual activity to occur in people without a prior migraine diagnosis.

Cluster headaches are rarely caused by or relieved with sexual activity.

The most important element of treating migraine is communicating with your partner and provider about its effects on daily life and intimacy.

Communicate with your partners how migraine affects normal activities, including sex, to foster a healthy relationship.

Discuss with your provider every detail that might be helpful for creating the best course of treatment, no matter how awkward or embarrassing the topic might be.

If you experience a sudden-onset headache at any time, seek emergency care to identify or rule out any dangerous causes for the headache.

Use the MigraineAgain and American Migraine Foundation websites to learn more about headaches associated with sexual activity.
Don't forget that the brain, and the mind contained therein, is an incredibly powerful organ. So, stress, depression, anxiety, lack of sleep, etc., these would all be a common factor to flare up both migraines and autoimmune disorders.

“The state of the mind has a lot to do with our body. And again, it's not just autoimmune conditions and migraine — it's a whole host of other conditions. We have a little bit of control over that.”

“Sleep is incredibly important as an anti-inflammatory-state inducer.”

Do your research and seek a professional with proper credentials to diagnose and treat your conditions.

Seek ways to manage and reduce inflammation.

Work with your health care professional to optimize treatment of all your medical conditions so that treatment of one disorder is not adversely affecting another.

Positive lifestyle behaviors like good sleep, regular exercise, good nutrition, and relaxation and mindfulness practice, are all helpful in reducing inflammation and preventing flare-ups in both migraine and autoimmune disorders.
"If you have to decide between providing someone's diabetes medication or their migraine medication ... oftentimes migraine loses out in that battle."

"Everyone is somewhat underserved when it comes to migraine and headache because there are so few of us that specialize in that area."

"There are a lot of things that people can do that cost them zero dollars that can make a significant impact in their headache burden, as well as just their quality of life in general."

The number of headache specialists in the U.S. is extremely low, and this makes access to care difficult for all people with migraine disease.

Certain populations in the U.S. are particularly underserved, including those relying on Medicaid and people without health insurance.

Financial barriers can be a challenge for people seeking migraine treatment, but there are low-cost strategies they can try.

Stigma about pain disorders impacts people with migraine disease in multiple ways, including availability of headache specialists and the willingness of insurance companies to pay for treatment.

People need to advocate for more resources for migraine research, and there are many ways to do that.

Be open and honest with your doctor about factors in your life that might impact your access to treatment.

If you live far away from headache specialists, consider trying telemedicine to reduce the cost of care.

Ask your doctor about older but still very effective treatment options that are likely to be less expensive than the latest new thing.

If you’re ineligible for pharmaceutical coupon programs because you don’t have private insurance, ask your doctor if they know about other programs that might help with the cost of treatment.

Talk to your doctor about possible opportunities to make helpful changes in your sleep, exercise, and food routines.

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TREATMENTS CITED

Antidepressant medication
Exercise
Food decisions
Sleep

KEY TAKEAWAYS

• The number of headache specialists in the U.S. is extremely low, and this makes access to care difficult for all people with migraine disease.
• Certain populations in the U.S. are particularly underserved, including those relying on Medicaid and people without health insurance.
• Financial barriers can be a challenge for people seeking migraine treatment, but there are low-cost strategies they can try.
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TREATMENTS CITED

Antidepressant medication
Exercise
Food decisions
Sleep
“Migraine has a lot of fellow travelers in terms of medical conditions. I think that if you lined up a hundred people, the vast majority of them would have something else going on, as well.”

“People with PTSD are a little over twice as likely to have migraine as people without PTSD. Having experienced trauma itself may not be a risk factor as much as the post-traumatic piece of it — the PTSD development afterwards. But that also, of course, depends on the kind of trauma. A history of abuse is strongly associated with migraine.”

Be thorough in filling out your patient-history form, making sure to include any other conditions and medications you take that could affect your diagnosis and treatment.

Recognize that past trauma, including a history of abuse, combat trauma, or concussion, all can be linked to migraine.

Discuss with your doctor the possibility of combining medications to treat both migraine and its comorbidities.

If you have a cardiovascular condition, discuss with your doctor some of the new acute treatments available for treating migraine, including the ditans, gepants, and CGRP medications.
“And so, we consider migraine to be difficult to treat when the patient has tried several preventives which were not able to significantly reduce the frequency of the attacks; or the patient can also be considered difficult to treat if the attacks couldn't be cured by acute therapies.”

“There are some patients who tend to take a lower than recommended dose [of an acute drug], and this is not good, because it’s better to take a full dose in order to have complete pain relief than taking a half dose first, and then [later] another half dose because the first half dose was not effective.”

“Difficult-to-treat migraine consists of resistant migraine and refractory migraine. Drug failure occurs when there is a lack of efficacy or a lack of tolerability of the drug. If a preventive medication fails, the others in the class do not need to be tried, but failure of an acute migraine drug does not rule out trying others in the same class. If a migraine patient needs to go to the hospital for migraine pain, this should be followed up by consultation with a migraine specialist to determine if the treatment plan needs to be changed. Migraine specialists sometimes tend not to recommend nonpharmacological treatments because there are few clinical trials of their efficacy and the treatments are less standardized.

When first starting a new preventive drug, it’s helpful to know what side effects to expect and how long it will take to determine whether it is effective. Some side effects lessen over time. There are currently many treatment options including new drugs and combinations of drugs for the patient with difficult-to-treat migraine. Difficult-to-treat migraine is best managed by a headache specialist to ensure that the diagnosis of migraine is correct or whether a coexisting condition is complicating treatment.
There have been studies that showed that foods that are not good for our bodies can actually produce toxins, and those toxins lead to inflammation, and inflammation in the body — specifically, when we’re talking about migraine — inflammation can cause vasodilation of the blood vessels, and it can actually lead to migraines.

“The way I look at the walnut: It looks like the brain ... it’s good brain food.”

“Supplements are supplements. They are not meant to take the place of the actual thing that you’re trying to put in your body. So, if you can get magnesium through your dark green veggies, through brown rice or nuts, I highly advocate using those things as opposed to supplements.”

Incorporate the acronym DREAMS into your lifestyle: Diet, Respirations (breathing exercises), Exercise, Altruism, Mindfulness, and Sleep.

Eating more FOOD — Fruits and vegetables, Only complex carbohydrates, Organic foods, and Drink more water — and less CRAP — Cheese and other dairy foods, Refined sugars, Artificial sweeteners, and Processed foods.

Consider using Dr. Andrew Weil’s Anti-Inflammatory Diet & Food pyramid when making food choices.

Try to incorporate more omega-3’s than omega-6’s into your diet.

Check out the website rehabneuro.us to learn more about Dr. Savage-Edwards.
Well, some triggers of migraine attacks are not actual triggers, but symptoms of the premonitory phase, or so-called prodromal phase of the attack. And clinical studies have reported that neck pain was a migraine trigger in approximately 32% to 57% of patients. However, neck pain and tense muscles in the neck and shoulder may be premonitory symptoms of the migraine starting.

Definitely, poor posture may lead to chronic muscle tension that can contribute to neck pain and headaches, including migraine.

- Neck pain is very common with migraine and could either be a trigger for an attack or a symptom of an attack.
- Neck pain can occur as a prodromal symptom before the attack or during the attack.
- The type of neck pain you experience is a clue to its diagnosis — it could be stabbing, throbbing, pressing, or soreness.
- There are many treatments for neck pain, so there is likely a medical, surgical, or lifestyle therapy that will help someone with migraine-associated neck pain.
- There are many structural and neurological reasons for neck pain, so obtaining the proper diagnosis is key to finding a solution.

The best practitioners to diagnose and treat neck pain associated with migraine would be neurologists, orthopedic surgeons and pain specialists.

Some people find heat is more helpful for neck pain, while others prefer ice.

Sleep is important to control neck pain. Find the right pillow for you that supports the natural curve of your neck.

Keep a headache diary, know your triggers, and maintain a healthy lifestyle to help control your headaches and neck pain.
2021 INTERVIEW SUMMARY SHEET

How Your Gut and Sleep Affect Migraine

Stasha Gominak, M.D.

KEY TAKEAWAYS

- The deep-sleep phases of the sleep cycle are what repair and refurbish the brain. The lack of this deep sleep not only leads to fatigue, brain fog, and migraine, but it can also manifest a predisposition to other conditions like epilepsy, Parkinson’s disease, and chronic pain conditions.

- Migraine is linked to the pain system in the brain stem; lack of sleep may prevent the brain from making the chemicals that keep this pain switch “off.”

- Migraine may involve a gene mutation that could help us sleep more readily. However, in our modern environment — where vitamin D deficiencies are common and gut biomes are lacking — the brain’s sleep switches may be dampened, while the neighboring pain switches may be heightened.

- Sleep medications and CPAP machines are only a temporary fix for sleep disorders: The key is to build up vitamin D levels, but those must be maintained by having a healthy microbiome.

QUOTES

“We use our brain every moment that we’re awake, and we only repair and refurbish, or resupply, while we’re in deep sleep. So not just are we asleep, but are we able to successfully get into certain phases of sleep?”

“How do you know if you have good sleep? You wake up, you’re happy, content, rested, you don’t take any pills because there’s nothing wrong with you, and you don’t need to go to the doctor. That’s the same for every child and every adult.”

“But the bottom line is, the drugs are still a crutch — they are still an attempt to shore up something that’s chemically wrong. And they fail, all of them eventually fail.”

PRACTICAL STEPS

- Recognize the importance of sleep not only for improvement of migraine and its comorbidities, but also for staving off other predispositions to genetic illnesses that might be activated by lack of deep sleep.

- Consider having your vitamin D and B12 levels checked.

- An optimal level of vitamin D is only one of the factors that helps improve sleep: You also need to maintain a healthy gut biome.

- Taking probiotics is not necessarily the solution for a healthy gut. Instead, it could be a matter of feeding the healthy bacteria in your gut a combination of vitamin D (2,000 to 5,000 IU a day) and a three-month course of vitamin B50, and then having your gut health checked to see if it’s sufficient.

TREATMENTS CITED

CPAP machine
Folate
Riboflavin
Thiamin
Vitamin B5
Vitamin B12
Vitamin B50 complex
Vitamin D
“For migraine patients, any morning waking up brings uncertainty. And so, what does that mean when you add a layer of anxiety of, ‘I might lose my job,’ or, ‘I don't know if my kids are going to be able to homeschool,’ or, ‘Can I even leave my house?’ So those are all triggers and have caused instability for persons living with migraine disease.”

“I think if folks are feeling like they are wondering if it's worth their time engaging: It absolutely is. Because this community is organized, it is mobilized, and we actually make some change.”

“COVID caused somewhat of a “shecession,” with 11 million women having lost their jobs, and 2.5 million choosing to leave to take care of family responsibilities at home.

Financial hardships, denial of access to treatment, and increased anxiety and depression are just some of the stressors that came with COVID that have led to an increase in migraine attacks.

In order to help retain and develop the workforce, employers need to be flexible and accommodating to their employees with migraine, especially women who have been forced to work from home to take care of their children.

For resources on managing migraine at work, utilize the migraineatwork.org website.

Consider getting involved in advocacy work, which could be writing letters to congress-people or getting involved on Capitol Hill.

Follow HMPF on Facebook and Twitter. You can also send a message on the headachemigraineforum.org website to find out what advocacy opportunities best suit you and your abilities.

Respond to migraine-related surveys.
"Going to the grocery store can be a very unpleasant experience for many people with vestibular migraine because of the overwhelming visual scenes, the fluorescent lights, the shiny floors, there are crowds that you have to deal with. And so, even if you’re not having an attack of vestibular migraine, navigating that type of environment can be a very unpleasant experience."

“Another point to consider is that once an attack is over, a person doesn’t automatically bounce back to normal. After an attack of vertigo, the brain can be left with this very disoriented, dizzy, kind of feeling ‘off’ for a few days and sometimes even up to a few weeks. And this also can be a source of disability for some.”

PRACTICAL STEPS
• Provide your primary care physician or your neurologist with literature about vestibular migraine so they can learn about it and work with you on learning to manage it.
• Consider exercises like yoga, Tai Chi, or vestibular therapy that make the brain less sensitive to moving around or certain types of visual stimuli.
• Mindful meditation can be helpful for the anxiety that often accompanies vestibular migraine.
• Even though it can be tough getting the correct diagnosis, don’t give up because there are a lot of treatments and most people can recover.
**KEY TAKEAWAYS**

- There is strong evidence to show that the rapid drop in estrogen before the onset of a menstrual period is a potent migraine trigger.
- Genetics play a significant role in determining whether a woman will develop migraine, but lifestyle factors can influence that, as well.
- There isn’t a “one size fits all” solution for migraine; treatment must be individualized.
- Migraine affects women throughout their entire lifetime, and it can change from one stage of life to another.
- Pharmacologic therapy can be supplemented with nonmedicinal treatment to treat menstrual and hormonally related migraine.
- Migraine may coexist with other conditions, and symptoms may overlap with one another.

**QUOTES**

“Just keep persisting, advocate for yourself, find ways to get the best help that you need. Because the vast, vast majority of patients can be helped, and their disability can go down dramatically once the right therapy is found, and not to give up on it.”

“It's definitely best to look for a provider who has some headache expertise — that might be a neurologist, that might be an internist, that might be a primary care provider who has comfort and expertise in [treating] headache.”

**PRACTICAL STEPS**

- Keep track of your menstrual cycle to identify patterns and create a “mini-prevention” plan.
- Modify lifestyle factors and explore other nonmedicinal options to enhance prevention, such as device therapy.
- Talk to your provider about adjustments you can make to your treatment on the days leading up to your menstrual cycle.
- Find a provider who is knowledgeable about headache; telemedicine may be an available option if you can’t find a specialist near you.
- Discuss with your provider the changes that may occur in migraine throughout your lifespan, including perimenopause and menopause.

**TREATMENTS CITED**

- Anti-inflammatories
- B vitamins
- Coenzyme Q10
- Cognitive behavioral therapy
- Device therapy
- Ditans
- Gepants
- Hormone-replacement therapy
- Magnesium
- Triptans
- Vitamin D