



MIGRAINE

Depending on which figures you use, up to 22% or more of women suffer migraine and up to 8% of men. It is the cause of huge loss of income both for workers and employers, and sick leave in our community.

The classical migraine requires an **aura** of symptoms which include visual changes that occur before the actual headache. The headache is usually on one side of the head and can involve the eye. It is described as extremely severe such that the sufferer often needs to lie in a darkened room because of the extreme light sensitivity. The sufferer can also have other neurological symptoms such as numbness, tingling or weakness, and speech disturbance. They often have nausea. It can run in families. The author has noticed that it tends to be associated with other stress related illnesses, particularly irritable bowel syndrome, premenstrual syndrome, dysmenorrhoea and hyperventilation syndrome.

Some migraine sufferers can develop the headache without the warning aura. **Only about 30% of sufferers have an aura or classical migraine.**

These headaches can start as early as 10, but most sufferers develop their first attack from about the age of 30.

The four main areas in which migraine is associated, includes the following:

- Hormonal.
- Stress.
- Neck problems (which can be associated with stress).
- Food related.

The treatment of migraine involves modulating the above predisposing factors. Stress management is involved in the treatment.

Drug therapy includes the following:

- Non-steroidal anti-inflammatories.
- Paracetamol and codeine derived medications are secondline.
- If there is an aura, abortive medications can be used such as ergotamine and caffeine containing medicines, e.g. Cafergot.
- Sumatriptin (Imigran) as tablets or injection are very useful when the above have not helped.
- Unusual treatments, e.g. botulinum toxin injection (Botox®) can also be used.