

I've never had two migraines 'set off' by the same trigger in the same week. Does this mean that I'm briefly immune to the trigger by having the first attack?

The simple answer is 'No'. Your migraine has occurred because your threshold dropped to the point at which a migraine became inevitable.

Different factors or 'triggers' come together, usually in a random fashion, and push the threshold down. These factors often have different effects at different times, depending on where your threshold is and in which mix the triggers come together. This is probably why you feel that different triggers are responsible. Figure 2.5 outlines how this can happen.

For more information on the migraine threshold and self-help, see Chapter 7.

What is happening to me when I get a migraine attack?

Not an easy question to answer! Science is making small steps in understanding more about what is going on within the brain during a migraine attack. There are complex changes to chemicals (neurotransmitters) within the brain that affect the brain and the blood vessels in the brain as well as the whole nervous system. These changes then lead to the symptoms that you experience during a migraine attack. Figure 2.6 outlines the pathways in the brain.

I have been reading about chemicals in the brain and migraine. What is serotonin?

Serotonin is one of several neurotransmitters involved in the migraine attack. It is also referred to as 5-HT. There are two 5-HT receptor subtypes located in blood vessels in the brain: 5-HT_{1B} and 5-HT_{1D}. Activating these receptors causes a constriction of the blood vessel.

Figure 2.7 shows how these 5-HT receptors link together and lead to the changes in migraine.

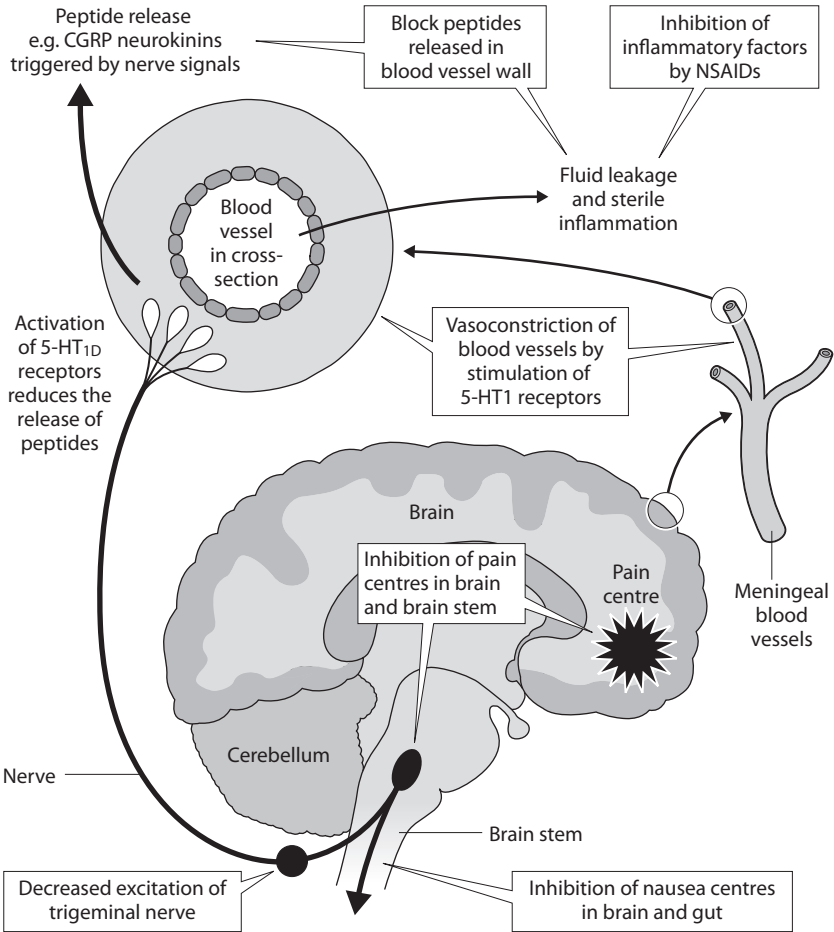


Figure 2.7 A vertical section of the brain, showing the location of serotonin (5-HT) receptors and how they link together in migraine. (Adapted from *Target Migraine*, 2000, published by ABPI, London)

What is CGRP and what does it do?

CGRP – calcitonin gene-related peptide – is a molecule that causes dilatation (widening) of blood vessels in the brain and also releases other chemicals (such as neurokinins) that lead to ‘sterile’ inflammation in the membrane around the brain. Any drug that mimics serotonin will block their release and hence prevent the vessel from dilating, or constrict the vessel if it has already dilated.

I thought that migraines occurred mainly in women but I’ve discovered that men have them, too. Is migraine more common in men or women?

Migraine is more common in women, by about 3 to 1. This difference seems to develop during and after puberty; until then boys and girls are affected equally.

Both my partner and I suffer from migraines. Does this mean that our children will be more likely to have them, too?

Yes, they are more likely to develop migraines than if neither you nor your partner suffered from them.

For more information on heredity, see Chapter 6.

How do I know whether I’m having an ordinary headache or a migraine?

With an ordinary headache you will usually be able to carry on with what you are doing. Migraine will make you want to keep still and, as it gets worse, you may want to lie down or retreat to a dark, quiet room.

I've decided to see my GP about my headaches. How will she decide whether they are migraines or something else more serious?

Your GP will ask you a variety of questions about your headache and any symptoms associated with it. Deciding what sort of headache you have is about pattern recognition. If your headache fits into a specific pattern, that is the probable diagnosis. Making sure your headache is not serious or sinister means ruling out symptoms that cause concern.

If you want more information about the sorts of questions that your GP or specialist might ask you, see Chapter 10.

My GP said that my migraines are just that – that there are no 'red flags'. What does he mean by 'red flags'?

'Red flags' are the symptoms that may suggest a more serious cause for the headache. Sometimes these red flags have to be viewed in the context of your previous symptoms and sometimes they are important irrespective of your previous symptoms.

For more information on 'red flags', see Chapter 5.

Sometimes I can go several weeks without a migraine and then I have two or three in a week. Why is this?

How often you get migraine can and does vary. Migraine is, by its nature, unpredictable, and occurs now and again. 'Now and again' may be once a week, once a month or several times a year. If your threshold is low for any reason, it does not take much to keep pushing you over the edge into a migraine.

When you say two or three in a week, do you mean separate headache days or are you getting a headache for two to three consecutive days? The latter means your attack is lasting longer rather than occurring more frequently.

***The pain is always worse on the right side of my forehead.
Why is this?***

In migraine the pain is often, but not always, one-sided. Even if the pain starts on one side, though, it can move to the other side during an attack, or from attack to attack. If the pain affects both sides, the pain will often be worse on one side than the other. Different people have different experiences with where they get their headache – your headache just happens to be right-sided.

***My mother's migraines seem to have got better lately.
Will my migraines get better as I get older?***

In most people, migraines tend to get better as you get older. The pain may get less severe, the associated symptoms may get less intense, and the attacks may occur less often or stop completely.

In some women, attacks become more frequent around the time of the menopause. In others they occur less often and stop altogether.

So it is not unreasonable to expect your migraines to get better as you get older but, unfortunately, it is by no means guaranteed.

***Even after the pain has gone, it still takes me another day
or so to feel better. I feel absolutely washed out, tired and
listless. Is this normal?***

What you describe is commonly called the *recovery phase*, which is the final part of the migraine attack. This is the time when the brain is completing its recovery from the attack and the brain is slowly returning to normal function.

The symptoms people experience during this phase vary from person to person and sometimes from attack to attack. The length of time that the symptoms last can also vary.

My cousin says that her doctor told her that she probably has basilar migraine. What on earth is that?

Basilar migraine is now referred to as *basilar-type migraine*. This is a type of migraine that is associated with a very specific set of aura symptoms. These aura symptoms can be quite dramatic and as a result quite frightening, especially when they occur for the first time. The headache that follows fulfils the criteria for the IHS classification of migraine without aura (described earlier in this chapter).

The aura has to include at least two of the following symptoms:

- dysarthria – the speech is slurred, and there is a difficulty saying words
- vertigo – a sensation of spinning or turning
- tinnitus – a ringing or buzzing in the ears
- phonophobia – sensitivity to sound (also referred to as hyperacusia)
- diplopia – double vision
- visual symptoms occurring at both sides of your visual field, either close to the nose or close to the temple
- ataxia – an unsteadiness or clumsiness when moving your arms or legs
- decreased level of consciousness
- paraesthesiae – abnormal skin sensations that include tingling and numbness that are felt on both sides at the same time

These symptoms may develop individually, in isolation, or in sequence over 5 to 60 minutes, and resolve completely before the headache starts.

My son tells me that he has retinal migraine. Can you explain what that is?

Retinal migraine is a form of migraine in which the visual disturbance of the aura affects only one eye. The visual auras are ‘positive’ with flashing or zigzag lights and lines or spots, or ‘negative’ with blind spots (scotomata) or a blindness affecting part of the field of vision in one eye such as a hemianopia or quadrantonopia (half or a quarter of the field of vision). The headache that follows fulfils the IHS criteria for migraine without aura (discussed earlier in this chapter).

I have been told that I have retinal migraine. How do I know something more serious is not causing my symptoms?

By ‘serious’ do you mean something wrong in the brain? Ruling out a possibly serious cause in this situation is based on assessing the symptoms you experience and combining that with an adequate examination of your eyes and a neurological assessment. That assessment may or may not include a brain scan, which would be able to identify a specific ‘structural’, or organic, cause for your symptoms.

When symptoms affect one side and particularly if they always affect the same side, a structural cause may need to be excluded before the benign nature of the symptom can be accepted. Benign ‘primary’ headaches are much more likely than a more serious ‘secondary’ headache.

For more information on ‘red flags’ regarding possibly serious causes of headache, see Chapter 5.

I have had episodes in which I was unable to move my arm, at the same time as I had my normal migraine aura. What sort of migraine is this?

An inability to physically move your arm suggests a true paralysis, or *paresis*, which is different from a feeling of heaviness. This

‘motor weakness’ is suggestive of a form of migraine known as *hemiplegic migraine*, which indicates paralysis down one side. If you have relatives who experience this form of migraine, it is called *familial hemiplegic migraine*; if not, it is referred to as *sporadic hemiplegic migraine*.

The paralysis has to be accompanied by at least one of the following:

- fully reversible visual symptoms
- fully reversible sensory symptoms (see the fourth answer in this chapter)
- fully reversible speech disturbance

and at least two of the following:

- at least one aura symptom develops over about 5 minutes and/or different symptoms occur in succession
- each aura symptom lasts more than about 5 minutes but less than 24 hours
- headache fulfilling the IHS criteria for migraine without aura (see earlier in this chapter), beginning during the aura or within 60 minutes of the aura starting

My cousin has been told she has familial hemiplegic migraine. Could I develop the same sort of migraine?

It is possible, if you have a first- or second-degree relative (parent, sibling, aunt, uncle, cousin) who has migraine with aura with ‘motor weakness’. Familial hemiplegic migraine has been linked to a specific chromosome abnormality.

For more information on chromosomes and migraine, look in Chapter 6.