What Are the Different Types of Migraine?

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A Look at the Various Migraine Types

Migraine is a neurological disorder affecting 38 million people in the United States, and 1 billion people worldwide. It is the third most prevalent and sixth most disabling illness in the world.

Migraine is characterized by the over-excitability of specific areas of the brain. Those with the disorder are more susceptible to transient factors (triggers) that can raise the risk of a migraine attack.

The most common triggers are hormonal fluctuations, environmental stimuli (bright lights, weather), certain smells and foods, alcohol, poor sleep, and high stress.

Is It a Headache or a Migraine?

If your headache presents itself with these features, it may be a migraine:

- Moderate to severely painful headache.
- Pain worsens with physical activity.
- Headache is throbbing and unilateral (worse on one side).
- Causes missed school and work days or other activities.
- Sensitivity to light, sound or smells.
- Headache that can last anywhere between four to 48 hours if left untreated.

Abdominal Migraine

This type is most common in children ages five to nine years old, but can also occur in adults. The main symptoms are abdominal pain, nausea, and vomiting.

The International Headache Society established the diagnostic criteria as follows — if you have at least five attacks fulfilling each symptom, it meets the diagnosis:

- Attacks of abdominal pain lasting one to 72 hours untreated or unsuccessfully treated.
- Abdominal pain that is: in the midline location, periumbilical, or poorly localized; dull or sore quality; moderate or severe intensity.
- During abdominal pain, at least one of the following: anorexia, nausea, vomiting, pallor.

Basilar-Type Migraine

BTM has aura symptoms that originate from the base of the brain (brainstem) or both sides of the brain (cerebral hemispheres) at the same time, exhibiting no motor weakness. Vertigo is the most common symptom of BTM.

The diagnostic criteria are as follows, with at least two attacks fulfilling each symptom for diagnosis:

- Aura consisting of visual, sensory, and/or speech/language symptoms, each fully reversible, but no motor or retinal symptoms.
- At least two of the following brainstem symptoms: dysarthria, vertigo, tinnitus, hypacusis, hiplopia, ataxia, decreased level of consciousness.

- At least two of the four following characteristics:
    - At least one aura symptom spreads gradually or greater than five minutes, and/or two or more symptoms occur in succession.
    - Each individual aura symptom lasts five to 60 minutes.
    - At least one aura symptom is unilateral.
    - The aura is accompanied, or followed by, a headache within 60 minutes.

Chronic Migraine

CM is classified as having 15 or more headache or migraine days a month. In 2004, chronic migraine appeared in the ICHD-II as “a complication of migraine” and was described as “migraine headache occurring on 15 or more days per month for more than three months in the absence of medication overuse.”

In 2006, this was revised with the following criteria:

- Headache (tension-type and/or migraine) on 15 or more days a month, for at least three months.
- On eight or more days a month for at least three months, headache meets at least two symptoms of migraine without aura — unilateral location, pulsating, moderate or severe pain, intensification by or causing avoidance of routine physical activity, nausea and/or vomiting, photophobia and phonophobia — or treated and relieved before the development of symptoms.
- No medication overuse and not attributed to another disorder.

Next page: Hemiplegic migraine and migraine with aura.

Hemiplegic Migraine

This is a rare form of migraine with two variations — familial hemiplegic migraine (FHM) and sporadic hemiplegic migraine (SHM).

Both often begin in childhood and cease during adult years. Getting a FHM or SHM diagnosis is difficult as the symptoms are also indicative of vascular disease and can be thought to be stroke, epilepsy or other conditions.

To rule out other causes and confirm a FHM or SHM diagnosis, a full neurological work-up and review of medical history (especially family medical history) and symptoms is necessary.

Both types of hemiplegic migraine share symptoms; the difference between the two is that FHM has been linked to specific gene mutations and can be traced back in the family history. Symptoms of FHM and SHM include:

- Episodes of prolonged aura (up to several days or weeks).
- Hemiplegia (paralysis on one side of the body).
- Fever.
- Meningismus (symptoms of meningitis without the actual illness or inflammation).
- Impaired consciousness ranging from confusion to profound coma.
- Headache, which may begin before the hemiplegia or be absent.
- Ataxia (defective muscle coordination).
- The onset of hemiplegia may be sudden and simulate a stroke.
- Nausea and/or vomiting.

- Phonophobia (increased sensitivity to sound) and/or photophobia (increased sensitivity to light).

Migraine With Aura

Migraine with aura occurs in about one-third of people with migraine, and aura may occur with only some and not all their headaches. In older people, it is common to have aura with no headache following.

Migraine with aura (MA) increases the risk of stroke, and women who have MA need to think carefully about the risks of certain treatments, including taking birth control pills that contain estrogen. Contrary to popular belief, aura is not just visual and can present in other ways:

- Scotoma, area of decreased or lost vision.
- Phosphenes, brief flashes of light that streak across the visual field.
- Blurry vision.

- Wavy lines.
- Aphasia, loss or impairment of the power to use or comprehend language, including both words and numbers.
- Allodyina, hypersensitivity to feel and touch (this symptom is what causes people to say that their hair hurts during a migraine).
- Dizziness.
- Confusion.
- Metamorphosia, a distortion of body image and perspective with a rare aura called Alice in Wonderland Syndrome.
- Other symptoms, including hiccups.