Could Vision Loss Mean Retinal Migraine?

by BARBARA LEECH

What Is Retinal Migraine?

There really are few things scarier then suddenly being partially blind. It happened one day while I was out with my family — suddenly I noticed my vision had changed in one eye. I wear contacts, so naturally I thought that might be the issue. But soon I could not see anything from mid-point up in my field of vision in that one eye.

My husband was panicked, thinking it was a stroke. I also felt very out of it and in a fog of confusion. By the time I got to a doctor, my eyesight had returned. I had no signs of a headache and never considered it could have been a migraine. My doctor determined that it may have been retinal migraine, a term used to describe a type of migraine where symptoms affect your eyesight.

In general, eyesight problems with migraine affect both eyes and impact your overall eyesight. But, in contrast, a retinal migraine typically occurs in a single eye. The underlying cause of retinal migraine seems to remain unknown, even to migraine experts.

But my neurologist says recent studies examining people with active retinal migraine have found some individuals were experiencing a spasm of the blood supply to the retina as their migraine occurred.

How Is It Diagnosed?

Unfortunately, there are no specific diagnostic tests to confirm migraine disease in any form it may take. Diagnosis is accomplished by reviewing your personal medical history, looking at your family's medical history with headaches, examining all your symptoms closely (location of your pain, what triggers it, how often the headaches occur, and their duration) and conducting a physical examination. Migraine can often be diagnosed because your doctor has ruled out other causes for your symptoms.

But, with retinal migraine, it is all the more essential that any other possible causes of your transient blindness be fully investigated and other complications and conditions ruled out.

Will Retinal Migraine Return?

This is a condition that is considered to be rare, but the true frequency of retinal migraine has not really been highly researched and remains pretty much unknown.

The reason for this may be, like myself, people who get this type of vision loss do not have a clue it could be caused by a migraine.

Speaking for myself, I was afraid and deeply convinced it was something wrong within my eye or in my brain. My first reaction was to rule out the possibility it was a mild stroke. I am probably not alone, so the true number of people it affects and the frequency it occurs is not known.

Who Does It Affect?

According to my doctor, I fit the profile of the typical person who gets retinal migraine, since it is most common in women who are in their childbearing years, and who also have a history of migraine with aura. Generally, a diagnosis of retinal migraine is made after other causes are ruled out including other non-migraine related eye disorders.

Next page: understanding the symptoms of retinal migraine.

Symptoms of Retinal Migraine

- Change in vision that may including flashing rays of light, perceptions of bright colored streaks or zigzag lightning patterns, halos or diagonal lines.
- Sudden, reversible, visual disturbances within one eye that may last a few minutes to a couple of hours.
- Loss of vision including blurring, blank areas, black dots or spots in the field of vision, causing partial or complete blindness.
- Visual impairment, such as the coming together of spots and “tunnel vision” (not being able to see items in the periphery of one’s visual field), are less common.
- The eye that experiences the visual disturbance often occurs is on the same side of the person’s typical migraine headache and it can sometimes precede, accompany, or (rarely) follow one.

How do you know what you have is not just a migraine with aura? There are a couple of differentiating factors between retinal migraine and migraine with aura:

- The visual symptoms of retinal migraine are only in one eye, or monocular.
- Total, but temporary, monocular blindness may occur when having a retinal migraine.

Prevention and Treatment

If you experience partial vision loss, don’t panic — but seek medical help right away. Your doctor, once they determine that retinal migraine is the diagnosis, can prescribe methods to curb this type of migraine’s occurrence.

They may suggest the use of medications typically used to prevent regular, typical migraines, though more research is needed to determine which ones actually work best. And prevention is important to work towards since people with retinal migraine have a greater chance of experiencing permanent vision loss than people with other forms of traditional migraine.

Research indicates medicinal therapy on an attack of retinal migraine will probably rule out the use of triptans or ergots drugs, mainly because these medications work by constricting blood vessels. Since that is what is believed to happen in the case of retinal migraine, it is considered counterproductive by most doctors.

Preventative medications that have been tried and reported to offer possible benefits include:

- Calcium-channel blockers such as verapamil and nifedipine.
- Beta-blockers, antidepressants and some anticonvulsants.
- Low-dose daily aspirin therapy, though there is no specific amount or guidelines, is reported to be well-tolerated and there are recorded instances it was helpful in treatment.
- Medications including NSAIDs, anti-nausea medications, or Midrin have been used for infrequent attacks and are used effectively for other forms of migraine and their symptoms.

If you think you have retinal migraine, speak to your doctor right away. Bring to your appointment a list of your symptoms, past migraine history, possible triggers, the duration, and good description of the attack.