Treating and Preventing Migraines With Bipolar Disorder

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Bipolar Migraines

By now, you have read page after page of information on migraines. Researchers are continuously finding new information regarding migraines. They are learning more about the condition, which helps discover better preventative and reactive treatments. The links and associations between migraines and other physical health issues are better understood as the data improve.

As the research into the physical health aspects of migraines expands, so does the research into the mental health facets. There is already a wealth of information available to process. In reading about migraines and stress, you learned about the direct relationship between level of stress and frequency of migraines. In migraines and depression, you learned about the bidirectional relationship between the two. As migraines worsen, so does depression. As depression worsens, so do migraines. Depression, stress and migraines seem to have a strong association, but there may be a missing piece of the puzzle.

That missing piece is bipolar disorder. Every year bipolar disorder impacts millions of people and migraine sufferers are not immune. Recent research is showing that many people with migraines are being misdiagnosed with unipolar depression rather than bipolar disorder. If you have migraines paired with depression and treatment has been unsuccessfully able to manage either, you may actually have migraines and bipolar.

Depression and Bipolar: Knowing the Difference

Increasing your ability to differentiate between depression and bipolar is essential in receiving a proper diagnosis. Without an accurate diagnosis, you cannot receive the best treatment. Since professionals rely on your self-report almost exclusively to gain information about your symptoms, you need to know what to expect from each. Want to know the difference? Here's how:

- **Depression** – Sometimes called unipolar depression to signify its tendency to stay in one place, depression is a very common mental health disorder. Because it is so commonly known, understood and less stigmatizing, people are more comfortable receiving and accepting this diagnosis. Symptoms include changes in sleep and appetite paired with lower energy levels, interest in activities and self-worth. People with depression feel sad or irritable most of the time. Depressive episodes can give way to periods of normal feelings before another depressive episode presents. Like bipolar, there are "ups and downs" with depression, but the "ups" are only ever as high as normal functioning.

Next page: treating bipolar with migraines.

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- **Bipolar I** – Bipolar is broken up into several types, bipolar I is the disorder that people mostly picture. With

bipolar I, there are three stages of function in rotation: depressive episodes, normal function and manic episodes. In depression, there are only depressive episodes and normal functioning. The difference is the mania. Mania is a period of at least a week where you experience symptoms opposite that of a depressive episode. You will feel incredibly energized with less need for sleep and driven to accomplish tasks around the house. During a manic episode, your mood will be elevated with improved self-esteem and confidence. Manic episodes are not problem-free, though, as people often get themselves into trouble during manic periods by making poor choices, spending money excessively and being more sexually promiscuous. The signs of a manic episode are usually very clear to the people in your life. Because they are so different than your normal functioning, they are easy to identify.

- **Bipolar II** – The real issue between bipolar disorder, depression and migraine becomes apparent with bipolar II. This is a variation of bipolar I marked by hypomanic symptoms rather than full mania. Hypomanic episodes are shorter in duration and lower in intensity. Symptoms only have to exist for four consecutive days to count as a hypomanic episode and they do not need to be as destructive as symptoms during mania. Studies are showing that people with migraines have a much higher rate of bipolar II than previously suspected.

Bipolar II creates such issues because there is already a normal cyclical pattern with migraines. You feel bad for a period of time before, during and after a migraine and then symptoms totally alleviate. When the migraine is gone, you can get more things done around the house, have more energy and feel better about life generally. Those good days experienced when migraines are not present could be periods of hypomania that you cannot distinguish from normal functioning because your frame of reference is so distorted. Migraines are so bad that you cannot tell the difference anymore.

Treating Bipolar with Migraines

Of course, being able to accurately identify your symptoms leads to better diagnosis and treatment. Education and effective self-monitoring is a necessary step in improving your prognosis. If your treatment has hit a brick wall, consider other avenues. Here are some:

- **CBT** – Cognitive behavioral therapy (CBT) is very effective for mood disorders like depression and bipolar. A therapist can help in gathering information about your symptoms that you have missed or found to be insignificant. Once diagnosis is established, a therapist can suggest behavioral interventions to limit the negative consequences associated with depressive, manic and hypomanic episodes.
- **Relaxation** – Learning relaxation techniques may be a part of your CBT treatment or you may need to supplement this at-home or elsewhere. Search the internet for relaxation techniques with good results for people with migraines and bipolar. Experiment with each technique during depressive episode and hypomanic/manic episodes as it will have different results. Ideally, you can fill your toolbox with a variety of relaxations that you can use when the time is right.

Next page: medications used in treatment.

Treatments with Medication

Any good bipolar treatment plan includes medication or some combination of medications. People can decrease symptoms without, but the majority of people do best with medications that help simultaneously with migraines and bipolar disorder. If you were previously diagnosed with migraines and depression, you may have found that medications known as selective serotonin reuptake inhibitors (SSRIs) and serotonin norepinephrine reuptake inhibitors (SNRIs) made your symptoms worse. This could be due to inaccurate diagnosis because those medications are less helpful in patients with bipolar when used alone. Consider discussing these options with your treatment team:

- **Lithium** – As far as medications for bipolar go, Lithium is the oldest while still being used effectively today. Additionally, lithium is sometimes used to treat migraines and cluster headaches. Its combined benefit could be a good fit for you.

- **Depakote** – This is another medication that has made the rounds over the last 30 years. Originally used to treat epilepsy, Depakote made the jump to treatment for bipolar before studies substantiated its efficacy for migraine prevention.
- **Lamictal** – Classified as an anticonvulsant, Lamictal is the name brand for lamotrigine. It is used widely for people with bipolar disorder. As far as migraines, it has been found to be very helpful for people dealing with migraines with aura.
- **Topamax** – Like Lamitcal, Topamax is classified as an anticonvulsant, but prescribers use it often in mental health. Topamax is the brand name for topiramate and has proved to be most effective in people with migraines without aura.

It should be noted that these medications can have a number of unwanted side effects. As always, your unique experience will vary from others so be sure to maintain an open mind about new medications. Always consult your doctors and make them aware of all symptoms and side effects during a new medication trial.

Conclusion

Your health and well-being are too important to continue using treatments that are ineffective. Begin by working with your treatment team to rethink your diagnosis. If you are not responding to treatments for depression and migraines, maybe depression is only a piece of the problem. Learn about bipolar and bipolar II to notice how your symptoms compare while asking others about their points of view. If bipolar is a better fit, explore some medication options. Luckily, many medications are known to address both bipolar and migraines. Success is possible if you continue searching for it.