Separating Fact From Fiction

by BARBARA LEECH

Dispelling Migraine Myths

As if the pain of living with migraine wasn't enough, there are many myths and misconceptions about migraines for you to contend with. There are even some doctors who are still not well-versed in the latest studies of this chronic condition.

Fact is when a sufferer first appeals to their doctor for help, the physician may miss the typical cluster of symptoms that makes up migraines, like severe headache, nausea, vomiting, visual disturbances and sensitivity to noises and smells. Sometimes, just getting diagnosed is an accomplishment.

The World Health Organization stated in a 2011 report that "lack of knowledge among health-care providers is the principal clinical barrier to effective headache (including migraine) management."

According to this report, a deficit in education is the cause, since non-specialist physician undergraduate medical training included only four hours regarding headache and migraine; and specialist (neurologist) training included 10 hours. It is not unheard of for some patients to have their migraine symptoms dismissed as stress, premenstrual syndrome (PMS) or depression.

Let's look at a few of the most common myths, and the facts to debunk them.

It Is Just a Bad Headache

This is so far from the truth. Migraine is a debilitating, neurological condition that affects millions of people and can negatively impact one's quality of life, work, relationships and daily functioning.

Science has proven there is a difference between a migraine and a headache. With an ordinary headache what typically occurs is a narrowing of blood vessels within the head, which can easily be eased by taking over the counter aspirin or other pain relievers. But migraines are caused by the swelling and expansion of blood vessels, and though certain treatments may provide migraine relief, there is no cure and many remedies simply do not work on this level of pain. Some migraines last for 72 hours, compared to a bad headache lasting for an afternoon.

Migraines Occur Only in Women

It is not a women-only condition. Women have more incidents in their lives where their hormones fluctuate than men do; menstruation, menopause, pregnancy. Since hormones can play a role, migraines do affect more women than men, but men get them as well.

According to the Migraine Research Foundation (MRF), a Manhattan-based nonprofit organization that offers support and information, about 18% of women versus 6% of men suffer from migraines.

If You Don't See Flashing Lights It's Not a Migraine

You do not need to experience an aura for it to be migraine. An aura is a neurological symptom in which you have temporary visual, sensory, and/or language disturbances with or without pain. Fact is only about one-third of migraineurs experience an aura.

Next page: more migraine myths.

Emotions and Depression Cause Migraines

This is ridiculous. The ‘hysterical female’ argument has long been put to rest by science.

For both men and women, emotional periods in their lives and stress may release chemicals that provoke migraine-causing vascular expansion in the brain, according to Harvard Medical School’s Beth Israel Deaconess Medical Center (BIDMC).

But a migraine begins with a physiological (not psychological) trigger, which causes the cranial blood vessels to dilate, which triggers nerve endings to release chemical neurotransmitters. The result is incredible, unbearable nerve pain and increased sensation to the other senses, so then light, noise and movement make the pain worsen.

Over-The-Counter Pain Medication Is Enough for Migraine Relief

With a migraine comes multiple symptoms and one over-the-counter pain medicine won’t necessarily help. Fact is there are more than 100 treatments for migraines. If the solution was one pill, everyone would be buying it.

And painkillers are often not the most effective treatment, experts say. They don’t help with things that make a migraine worse, like bright light, movement or noise and they do not relieve nausea. Pain relievers such as ibuprofen (Advil) and acetaminophen (Tylenol) help relieve mild migraine symptoms, but they shouldn’t be used to treat moderate or severe migraines, according to the Mayo Clinic.

Typically prescribed medication includes:

- **Dexamethasone:** This corticosteroid reduces inflammation and may be used with other medications for migraine pain relief; it’s taken infrequently because of the risk of side effects.
- **Triptans:** They work with brain chemistry to constrict blood vessels, helping relieve migraine pain, nausea and sensitivity to light and sound.
- **Beta blockers:** Commonly used to treat high blood pressure and coronary heart disease, these drugs can reduce the frequency and severity of migraines in some, but may make it worse for others.
- **Ergot:** These combine caffeine with ergotamine, another blood-vessel constrictor, and work best in patients who have pain lasting more than 48 hours.
- **Tricyclic antidepressants:** This form of antidepressant medication may help prevent migraines by altering brain chemistry, whether or not you have depression.
- **Anti-nausea medications:** These help with the migraine symptoms of nausea and vomiting.
- **Botox:** Multiple studies concluded that Botox is safe and effective for the prevention of chronic migraines in adults.
- **Cefaly:** Cefaly provides reduced pain and eventually can prevent migraines. It is a small battery-powered, prescription device that resembles a plastic headband and delivers an electric current to head to stimulate branches of the trigeminal nerve, which has been associated with migraine headaches. The person experiences tingling where the electrode is applied and it is used once per day for 20 minutes.

When you suffer from migraines, one of the most exhausting and sometimes disturbing parts of your chronic condition is combatting the myths with facts. From friends and family to your boss and co-workers, people are quick to judge if they have not experienced migraine pain. It is bad enough to suffer without having to contend

with misinformation that belittles your battle and accuses you of making too much of “just a headache.” It is so much more and it is very important for those who get migraines to be understood and respected.

Migraines may affect your head, but they are not all in your head. Sufferers are not being overly dramatic or seeking attention. The pain and its triggers are real for men and women, and having others know and understand the facts is important.