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COMPLIMENTARY COPY
TAKE ONE HOME



SCAN ME

Watch this video on one woman's journey living with chronic migraine. For more on her story, turn to page 14. Use your smartphone camera to activate the QR code.

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THE LATEST ON CHRONIC MIGRAINE

PREVENTION IN YOUR POCKET

A phone app could one day help predict migraine attacks so you can prevent or treat them early. In a study, 477 people with migraine reported their mood, energy, stress levels, sleep quality, and headaches on an app several times a day for 2 weeks. Morning attacks were more likely in people who had poor sleep overall, poor sleep the night before, or low energy the day before. Afternoon and evening attacks more often struck those who had more stress or significantly higher-than-usual energy levels. The research could lead to a headache-predicting app. In the meantime, you can track sleep, energy, and stress on your own to try to foresee attacks.

SOURCE: *Neurology*

20 to 50

Age group in which migraine is most common.

SOURCE: JAMA

4 to 72

How many hours a migraine episode typically lasts.

SOURCE: World Health Organization

FIND SUPPORT FOR STIGMA

Almost half of people with chronic migraine report feeling stigma about their condition, a new study shows. Some felt that other people saw their migraines as a way to get attention. Others said people tended to dismiss the severity of their condition. The more stigma that migraineurs felt, according to the study, the worse their reported quality of life. The researchers speculated that stigma may have a bigger impact on quality of life than headache does. They suggest that connecting with others who live with migraine could help reduce feelings of stigma.

SOURCE: *Neurology*

CLOUDY WITH A CHANCE OF ... MIGRAINE?

Changes in barometric pressure—the air pressure of the atmosphere—that happen with fluctuations in the weather are a known trigger of migraines and contributor to pain severity. That's why atmospheric scientists are exploring ways to develop weather forecasting tools that could also predict the risk of a migraine attack or other chronic pain flare based on air pressure. According to their research, people who live with migraine would be extremely likely to change their plans, avoid additional triggers, or take preventive medications in response to a pain-based weather forecast.

SOURCE: *International Journal of Biometeorology*



Summary of Information About VYEPTI

Important Facts about VYEPTI® (vye-ep'-tee) injection for intravenous use, also known as eptinezumab-jjmr.

VYEPTI is a prescription medicine used for the preventive treatment of migraine in adults and is given by a healthcare provider as an intravenous infusion every 3 months.

When should I not take VYEPTI?

Do not receive VYEPTI if you are allergic to eptinezumab-jjmr or any of the ingredients in VYEPTI.

What Warnings should I know about VYEPTI?

VYEPTI may cause serious side effects, including allergic reactions. Allergic reactions can happen after receiving VYEPTI. Call your healthcare provider or get emergency medical help right away if you have any of the following symptoms of an allergic reaction: rash; swelling of your face, lips, tongue or throat; trouble breathing; hives; or redness in your face.

What are the side effects of VYEPTI?

The most common side effects of VYEPTI include:

- stuffy nose and scratchy throat
- allergic reactions

These are not all of the possible side effects of VYEPTI. **Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.**

What should I tell my health care provider?

Before you receive VYEPTI:

Tell your healthcare provider about all of your medical conditions, including if:

- You are pregnant or plan to become pregnant. It is not known if VYEPTI will harm your unborn baby.
- You are breastfeeding or plan to breastfeed. It is not known if VYEPTI passes into your breast milk.
- You are under 18. It is not known if VYEPTI is safe and effective in children.

Tell your healthcare provider about all the medicines you take, including prescription and over-the-counter medicines, vitamins, and herbal supplements.

This information is not comprehensive. To learn more about VYEPTI, talk to your health care provider, call 1-833-4-VYEPTI (833-489-3784), or go to www.vyepti.com for the full Prescribing Information and Patient Information.

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Migraine Stages



Headache Types Overview

Headaches are classified by the International Headache Society into different types based on their characteristics, causes, and symptoms. The most common headache types are summarized in **Table 1**, including cluster headaches, migraines, sinus headaches, and tension-type headaches.

Table 1: Headache Types

Headache Type	Location	Type of Pain	Intensity	Duration	Aggravating Factors	Symptoms
Cluster	Unilateral	Orbital, supraorbital, and/or temporal	Severe to very severe	15-180 minutes	N/A	<ul style="list-style-type: none"> • Lacrimation, • Nasal congestion, • Rhinorrhea, • Ptosis and/or eyelid edema • Restlessness/agitation
Migraine	Unilateral	Pulsating	Moderate to severe	4-72 hours	Physical activity	<ul style="list-style-type: none"> • Nausea, • Vomiting, • Photophobia, • Phonophobia
Sinus	Paranasal sinuses, may be unilateral	Pulsating, pressing/tightening (nonpulsating)	Mild to severe	Resolves when rhinosinusitis resolves	Rhinosinusitis onset, Applied pressure	<ul style="list-style-type: none"> • Purulent nasal discharge and/or other features diagnostic of acute rhinosinusitis
Tension-type	Bilateral	Pressing/tightening (nonpulsating)	Mild to moderate	30 minutes to 7 days	N/A	<ul style="list-style-type: none"> • No nausea or vomiting, • No more than one of photophobia or phonophobia

COMORBIDITIES

These conditions often go hand-in-hand with chronic migraine.

MOOD DISORDERS

Your chance of having depression and anxiety is between 30% and 50%. These odds go up the more days a month you have migraine.



SLEEP DISORDERS

When you have chronic migraine, your risk goes up of also having sleep apnea, insomnia, and restless legs syndrome. You're also more likely to have poor sleep quality and duration.



CARDIOVASCULAR DISORDERS

People who get chronic migraine with aura have a slightly higher risk of heart attack, stroke, and death from cardiovascular disease than people who have migraine with no aura or no migraine disorder at all.



INFLAMMATORY CONDITIONS

Although experts aren't sure of the link, there is a relationship between arthritis and chronic migraine. You're more likely to have one if you have the other.



NEUROLOGICAL DISORDERS

Other conditions that affect the brain, such as epilepsy, multiple sclerosis, and stroke, can occur along with chronic migraine. Researchers aren't sure of the connection, but one theory is these disorders may have the same underlying cause as chronic migraine.



CHRONIC PAIN

Fibromyalgia is a disorder that causes pain in the muscles, joints, and bones. About 30% of people with chronic migraine also have fibromyalgia, and over 55% of people with fibromyalgia also have chronic migraine.



GASTRO ISSUES

GI issues often go along with migraine. It's common to deal with nausea, diarrhea, vomiting, and disorders such as inflammatory bowel disease (IBD) and irritable bowel syndrome (IBS).



Harvard Health: "Migraine: A Connection to Cardiovascular Disease?"; Nature: "Migraine Is Associated with the Development of Adult Patients with Inflammatory Bowel Disease: A Nationwide, Population-Based Study"; Association of Migraine Disorders: "The Relationship Between Migraine and Fibromyalgia"

MANAGE YOUR CHRONIC MIGRAINE

When you have 15-plus headache days a month, you'll need a multipronged treatment approach

By Sonya Collins

Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

When you have chronic migraine, you'll need medicine for relief during an attack and medicine to prevent future attacks. If your medicine isn't working, don't give up. There are more options available today than ever before.

"With methodical, sustained attempts at treatment, we are usually able to find a treatment or treatments that will improve your quality of life," says Elizabeth W. Loder, MD, MPH, a headache specialist and professor of neurology at Harvard Medical School in Boston.

RESCUE MEDICATIONS

Keep over-the-counter or prescription pain relievers within your reach to take whenever you feel the first signs of an attack.

"The earlier you treat, the more likely you are to get out of this bad episode that's coming," says Moises Dominguez, MD, an assistant professor of neurology at Weill Cornell Medicine in New York City.

PREVENTIVE MEDICATIONS

Rescue medicine alone isn't usually enough for people with 15 or more headache days per month. Preventive medicine helps cut down the number of headache days you have and might convert chronic migraine to less frequent episodic migraine. Another benefit of prevention, says Dominguez, is that "a really good preventive treatment strategy may make rescue medications even more effective."

Your doctor might prescribe:

- **Medicine to lower blood pressure**, such as atenolol, propranolol, and verapamil, which may correct problems with blood flow to the brain that can cause migraine

- **Anti-seizure medicines**, such as Depakote and sodium valproate, which interact with brain chemicals that could be causing headaches
- **Tricyclic antidepressants**, such as amitriptyline, which may prevent headaches by affecting serotonin levels in the brain
- **Injections of botulinum toxin**, which can interfere with the nerves involved in headache pain
- **Monoclonal antibody treatments**, such as atogepant, eptinezumab, erenumab, fremanezumab, and galcanezumab, which block chemical messengers in the brain called CGRP that play a role in migraine

NONDRUG PROCEDURES

Some nondrug options might also help with chronic migraine. Ask your doctor about nerve stimulation, biofeedback, transcranial magnetic stimulation, and acupuncture.

HOW TO KNOW YOUR TREATMENT IS WORKING

It's important to give your treatment time to work.

"Immediate relief doesn't happen that often in chronic migraine," says Jorge L. Almodóvar-Suárez, MD, division chief of General Neurology & Headache Disorders at UNC School of Medicine in Chapel Hill. "Depending on the medication, you may need to give it about 4 to 6 weeks to work."

You also need to know what it means for a medicine to "work."

Medication won't eliminate headache days, says Almodóvar-Suárez, but it should bring improvements in four areas:

- Duration of headaches
- Frequency of headaches
- Severity of pain
- Your ability to go about your daily life

SWITCHING MEDICATIONS

If your medicine doesn't work after a reasonable amount of time, or it works for a while then stops, there's likely something else you can try or add.

For example, if you relapse on a CGRP antibody drug, "We can always switch you to a different CGRP medication," Dominguez says. "You also have the option of botulinum toxin injection."

You might also want to switch or add medications to see if you can get even better results than you currently get. "Even if people improve with one treatment," Loder says, "they may add another or consider switching, just to see what the maximum benefit is that can be attained."

BEING MY OWN ADVOCATE

**Having chronic migraine can be debilitating.
Don't hide it. Speak up for yourself.**

By Lizzy Swick, MS, RDN Reviewed by Melinda Ratini, DO, MS, WebMD Medical Reviewer

I was out with friends from college when I had my first real migraine. We were talking about their kids, and I was dreaming of becoming a mom. Little did I know that I was pregnant with my first. I was also on the brink of years of migraine ups and downs.

JOY AND PAIN

I had headaches all my life, but that night with friends was different. The smells were making me sick. The lights were unbearable. I remember turning in early.

Two weeks later, I learned I was pregnant. I chalked the migraine up to my hormones and expected it to be a single incident. I fully enjoyed my pregnancy. I had my beautiful baby girl, and I was overjoyed.

Unfortunately, migraines came fast and furious back-to-back. I had them about 5 days per week. Here I am a new mom, figuring out breastfeeding, up all hours of the night, and exhausted. I also had this other layer of shock and pain that I had never experienced before in my life. My husband carried a lot of the load and sometimes I would spend all day in bed. I was angry because this was supposed to be the happiest moment of my life and I couldn't enjoy it. I felt like I couldn't take care of my baby.

IT'S NOT POSTPARTUM!

Pain robs you of your spirit and your freedom. It is a disability. I kept trying to explain to doctors this is not postpartum depression, it's a byproduct of pain and it

just so happens that it's during my postpartum period. I spoke to many doctors, and they just diminished my experience.

It took me a while but finally, my dad, an ophthalmologist, helped. He shared that he had migraines in med school and really struggled. My mom had migraines, too. The difference this time is my dad heard me. He saw me. He referred me to a colleague who tested me for eye-related migraines. After a lot of testing and ruling things out, I was finally diagnosed in summer 2013—3 months after my first daughter was born.

WESTERN AND EASTERN TREATMENTS

I've tried many things over the years to control my migraines. I've tried exercise, changing my diet, meditating, prayer, energy work, support groups, herbs, and supplements. I'm a dietitian, so I know some of these have worked for my patients with migraine. I've also tried checking my blood for nutrients, looking at my mercury and lead levels, and mold exposure. At the end of the day, two things have been the most helpful for me: prescription migraine medication and therapy.

It has been helpful to learn that relief can come from both medication and natural remedies. For so long, I thought integrative meant only diet, exercise, sleep, etc. I often wish I had started prescription medication sooner. As for therapy, my counselor has helped me come to terms with my pain—that it's not my fault and that I can celebrate progress (fewer migraines, less



duration) versus seeking perfection. My youngest daughter has a chronic illness, so it's helped me in parenting her also. Having a migraine doesn't mean you're not a good person, that you're not lovable, or that you're not good at what you do.

It took me close to a decade to acknowledge that migraine is a chronic and debilitating condition. It is a disease. It doesn't just go away. I've learned to treat myself like I do my patients—with compassion and love. These days, I treat myself like my best friend.

JACOB WACKERHAUSEN/VIA GETTY IMAGES; INSET PHOTOGRAPHY BY NEIL GRABOWSKY



LIZZY'S TIPS

- + **Plan.** I can't just do impromptu coffee or speaking engagements. I have to plan.
- + **Feel your feelings.** Acknowledge when you're in pain. Don't hide it.
- + **Speak up.** It's OK to say no when you need to.