Migraine

# Overview

## Introduction



**A migraine is usually a severe headache felt as a throbbing pain at the front or on one side of the head.**

Some people also have other symptoms, such as nausea and sensitivity to light.

Migraine is a common health condition, affecting about 15% of adults in the UK.

There are several types of migraine, including:

* **Migraine** **with aura** is when there is a warning sign, known as aura, before the migraine begins. About a third of people with migraine have this. Warning signs may include visual problems (such as flashing lights) and stiffness in the neck, shoulders or limbs.
* **Migraine without aura**
* **Migraine without headache**, also known as silent migraine, is when an aura or other migraine symptoms are experienced, but a headache does not develop.

Learn more in [symptoms of migraine](http://www.nhs.uk/conditions/migraine/Pages/symptoms.aspx).

There are five stages to a migraine, although not everyone will experience all of these.

### Who is affected by migraines?

Migraines affect one in four women and one in 12 men in the UK.

Hormones may be the reason why migraines affect more women than men. For example, some women find that migraine attacks are more frequent around the time of their period. However, this association has not been proven.

Migraines usually begin in young adults. About 9 in 10 have their first migraine before they are 40 years old. However, it is possible for migraines to begin later in life.

### How often do they occur?

Everyone will experience migraines differently. Some people have attacks frequently, up to several times a week. Other people only have a migraine occasionally. It is possible for years to pass between migraine attacks.

Some people find that migraine attacks are associated with certain triggers, which can include stress and certain foods. Learn more in [causes of migraine](http://www.nhs.uk/Conditions/Migraine/Pages/Causes.aspx).

### Outlook

Migraines can severely affect your quality of life. During and after a migraine, some people need to stay in bed for days at a time.

However, there are effective treatments, and methods that can help to prevent migraines. Most people find ways of managing their migraines so that there is little disruption to their lives. Learn more in [treatment for migraine](http://www.nhs.uk/Conditions/Migraine/Pages/Treatment.aspx).

### Stages of migraine

There are five distinct stages to a migraine, although not everyone goes through all the stages:

1. **'Prodromal' (pre-headache) stage**. Some people experience changes in mood, energy levels, behaviour and appetite, and sometimes aches and pains several hours or days before an attack.
2. **Aura**. Some people experience a sensation, or aura, just before their migraine starts. Symptoms of aura include flashes of light or blind spots, difficulty focusing, and seeing things as if you are looking through a broken mirror. This stage normally lasts around 15 minutes to an hour.
3. **Headache stage**. This is usually a pulsating or throbbing pain on one side of the head. You usually have nausea or vomiting, and extreme sensitivity to bright light and loud sounds, with a strong desire to lie down in a darkened room. This stage lasts for four to 72 hours.
4. **Resolution stage**. Most attacks gradually fade away. Some people find the headache stops suddenly after they have been sick. Sleep often relieves the symptoms.
5. **'Postdromal' or recovery phase**. There may be a stage of exhaustion and weakness afterwards.

## Symptoms of Migrane

**A migraine is usually an intense headache that occurs at the front or on one side of the head. However, the area of pain can change position during an attack.**

The pain is usually a severe throbbing sensation that  gets worse when you move.

### Symptoms accompanying a migraine

Other symptoms commonly associated with a migraine are:

* nausea - you may feel queasy and sick; this may be followed by vomiting
* increased sensitivity - you may have photophobia (sensitivity to light), phonophobia (sensitivity to sound) and/or osmophobia (sensitivity to smells), which is why many people with a migraine want to rest in a quiet, dark room

Other symptoms can also occur during a migraine. These include:

* poor concentration
* sweating
* feeling very hot or very cold
* abdominal pain (which can sometimes cause diarrhoea)
* a frequent need to urinate

Not everyone experiences these symptoms when they have a migraine, and they do not usually all occur at once.

In some cases, you may experience these symptoms without having a headache.

The symptoms accompanying migraine can last anywhere between four hours and three days. They will usually disappear when the headache goes.

You may feel very tired for up to seven days after a migraine attack.

### Symptoms of aura

About one third of people with migraines have warning symptoms, known as aura, before the migraine. These include:

* **visual problems** - you may see flashing lights, zigzag patterns or blind spots
* **stiffness or a tingling sensation** like pins and needles in your neck, shoulders or limbs
* **problems with co-ordination** - you may feel disoriented or off balance
* **difficulty speaking**
* **loss of consciousness** - this only happens in very rare cases

Aura symptoms typically start between 15 minutes and one hour before the headache begins. Some people may experience aura with only a mild headache or no headache at all.

## Causes of migraine

**Migraines are thought to be caused by changes in the chemicals of the brain.**

In particular, levels of a type of chemical called serotonin decrease during a migraine.

Low levels of serotonin can make the blood vessels in a part of your brain spasm (suddenly contract), which makes them narrower. This may cause the symptoms of aura. Soon after, the blood vessels dilate (widen), which is thought to cause the headache. The reason for the drop in serotonin is not yet fully understood.

### Hormones

Some scientists believe that fluctuating levels of hormones are closely linked to the cause of migraines.

Some women who experience migraines say they are more likely to have an attack around the time of their period. This is known as a menstrual migraine. Just before women have their period, levels of the hormone oestrogen fall.

Women can have menstrual migraines from two days before to three days after the first day of their period. About 1 in 7 women who have migraines only have an attack around the time of their period. This is known as a pure menstrual migraine. Around 6 in 10 women with migraines have attacks at other times too.

### Other migraine triggers

Many factors have been identified as triggers for a migraine. These triggers include emotional, physical, dietary, environmental and medicinal factors. They are outlined below.

**Emotional triggers**

These include:

* stress
* anxiety
* tension
* shock
* depression
* excitement

**Physical triggers**

Physical triggers include:

* tiredness
* poor quality of sleep
* shift work
* poor posture
* neck or shoulder tension
* travelling for a long period of time
* low blood sugar

The menopause can also trigger migraines.

## Diagnosing migraine

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Figure : Keeping a food diary might be helpful

**There is no specific test to diagnose migraines. To give an accurate migraine diagnosis, your GP must identify a pattern of reoccurring headaches along with the associated symptoms.**

Migraines can be unpredictable, sometimes occurring without the other symptoms. So obtaining an accurate diagnosis can sometimes take a long time.

On your first visit, your GP may give you a physical examination and check your vision, co-ordination, reflexes and sensations. These checks will be carried out to make sure there are no other underlying conditions causing your symptoms.

Your GP may ask if your headaches are:

* on one side of the head
* a pulsating pain
* moderate or severe, preventing you carrying out daily activities
* made worse by physical activity or moving about
* accompanied by nausea and/or vomiting
* accompanied by sensitivity to light (photophobia) and/or noise (phonophobia)

To help with the diagnosis, it can be useful to keep a diary of your migraine attacks. Note down details, including the date, time and what you were doing when the migraine began. It is also helpful to make a note of the food you ate that day as this can help your GP identify any potential triggers.

### When to see your GP

You should see your GP if you feel that you cannot manage your migraines with over-the-counter painkillers, such as paracetamol. Also see your GP if you experience:

* aura symptoms that occur on the same side of your body with every attack
* your first ever migraine when you are over 50 years of age
* a change in your usual migraine symptoms
* more frequent migraine attacks

## Treating migraine

**There is currently no cure for migraines. However, a number of treatments can be used to ease the symptoms.**

It may take time to work out which is the best treatment for you. You may need to try different types or combinations of medicines before you find the most effective ones.

If you find that you cannot manage your migraines using over-the-counter medicines, then your GP can help.

### Painkillers

Many people who have migraines find that over-the-counter painkillers, such as paracetamol and aspirin, can help to reduce their symptoms.

When taking paracetamol or aspirin, always make sure you read the instructions on the packaging and follow the dosage recommendations. Children under 16 should not take aspirin unless it is under the guidance of a healthcare professional. Aspirin is also not recommended for adults who have, or have had in the past, stomach problems, such as a peptic ulcer, liver problems or kidney problems

Some people find that the painkiller codeine makes migraine worse. This can be because it increases the nausea associated with the migraine.

Taking any form of painkiller frequently can make migraine worse. This is sometimes called 'medication overuse headache'.

Painkillers are usually the first treatment for migraine. They tend to be more effective if taken at the first signs of a migraine attack. This gives them time to absorb into your bloodstream and ease your symptoms.

Some people only take painkillers when their headache becomes very bad. However, this is not advisable because it is often too late for the painkiller to work. Soluble painkillers (tablets that dissolve in a glass of water) are a good option because they are absorbed quickly by your body.

If you cannot swallow painkillers because of nausea or vomiting, suppositories may be a better option. These are capsules that are inserted into the anus (back passage).

If over-the-counter painkillers are not effective, your GP or specialist may prescribe you a stronger painkiller.

### Triptan medicines

If ordinary painkillers are not helping to relieve your migraine symptoms, triptan medicines might be the next option. Some triptan medicines, such as sumatriptan, are available without prescription over the counter. Others require a prescription from your GP.

Triptan medicines are not the same as painkillers. They cause the blood vessels around the brain to contract (narrow). This reverses the dilating (widening) of blood vessels that is believed to be part of the migraine process.

Triptans are available as tablets, injections and nasal sprays.

Triptan medicines only work for some people. If one type of triptan medicine does not seem to work, ask your GP about other types.

## Complications of migraine

**Migraines are associated with a small increased risk of ischaemic strokes, and a very small increased risk of mental health problems.**

### Stroke

An ischaemic stroke occurs when the blood supply to the brain is blocked by a blood clot or fatty material in the arteries. Learn more in [Stroke.](http://www.nhs.uk/conditions/stroke/pages/introduction.aspx)

The reason why ischaemic strokes are linked  to migraine is not entirely clear. An ischaemic stroke as a result of a migraine is very rare.

Another risk factor for ischaemic stroke is the use of the combined oral contraceptive pill.

Medical professionals generally advise women who experience migraine with aura not to use the combined contraceptive pill.

Women who have migraine without aura can take the combined contraceptive pill.

If you take the combined contraceptive pill and you have aura symptoms or your migraines become more frequent, see your GP as soon as possible to discuss alternative forms of contraception.

## Mental health problems

Migraine is associated with a very small increased risk of mental health problems, including:

* depression
* manic depression
* anxiety disorder
* panic disorder

## Preventing migraine

**Although there is no cure for migraine, it is often possible to manage the condition by using measures to prevent migraine attacks, as well as treatments.**

### Avoiding triggers

One of the best ways of preventing migraines is recognising the things that trigger an attack.

Keeping a migraine diary is helpful. You may find you tend to have a migraine after eating certain foods or when you are stressed. By avoiding this trigger, you can prevent a migraine.

Learn more about migraine triggers in [causes of migraine](http://www.nhs.uk/Conditions/Migraine/Pages/Causes.aspx).

### Recognising the signs

Some people who experience migraines begin to feel unwell up to a day or so before a migraine attack.

The strange sensations that are sometimes felt before a migraine are known as the prodrome. They can include:

* a change in mood
* tiredness
* hyperactivity
* food cravings

As these feelings are not specific to migraine, it can be difficult to identify them as warning signs. Try to be aware of how you feel before a migraine. It can help to ask your relatives or friends if they notice any changes in you before you have a migraine.

# Real Stories

## Debbie’s Story

### 'When I was sick, I knew it was a really bad one'

**Debbie was 12 years old when she first began having symptoms of migraine**

“I remember being at school and feeling not at all well: headachy and groggy,” she says. “The groggy periods increased until I seemed to have a headache all day, every day. But when my mum took me to the doctor he said it was just a part of growing up.”

For the next ten years, Debbie battled with her regular headaches. She went back to the doctor several times but nothing seemed to work. “One specialist put me on tablets which made me feel sick and have hallucinations, but did nothing for the pain,” she recalls. “Another told me I had migraine and I just had to learn to live with it.”

Then Debbie got a new job in a local factory. But the conditions made her headaches much worse. The factory was very bright, with strip lights, and the machinery made a lot of noise.

Debbie’s headaches now started with a mild, toothachy pain for a day or so, which would then fade. The next week, it would come back for longer. The week afterwards, the pain would be too great for her to leave her bedroom. “It was an all-over headache, not a band, as many people describe it, or over one eye,” she says. “I felt nauseous but I wasn’t always sick. When I was sick, I knew it was a really bad one. I started having to take days off work and I got a couple of warnings. I almost lost my job, and that stress didn’t help. I tried to keep going: what else could I do?”

Then Debbie heard about the Migraine Action Association. “I got in touch with them and they sent me leaflets, so I could really educate myself about my condition,” she says. “It was incredible to realise that there were many other people like me out there. Migraine is a very isolating condition, so I started a support group. I’m still in touch with some of the people today.”

Debbie got herself referred to a specialist in nearby Birmingham. After several tests, including a CAT scan, she was diagnosed with chronic daily headache, a condition that is normally associated with overuse of medication. But Debbie was an unusual case. “I hardly ever took anything,” she says.

Her specialist suggested she try a new drug, amitriptyline, which is normally used as an anti-depressant. This worked for a while, and for a few months Debbie was virtually headache-free. However, over the next two years her resistance to the drug increased until it was having little or no effect. “The headaches came back with a vengeance,” she says.

But Debbie refused to be downhearted. She began experimenting with alternative therapies and found that acupuncture brought her some relief. She now has a session every six months. She also started relaxation techniques, such as walking in the fresh air.

To her surprise, the headaches began to stop. And today, she is headache-free.

“I think a big part of dealing with migraine is thinking positive,” she says. “There were times when I thought about ending it all. But you have to keep going. I will always have this condition. It’s part of who I am. It’s not my fault and it’s not caused by anything I’ve done. It’s just there. And through support groups and the help of my specialists, I’ve learned to cope with it and accept it.”

# Map of Medicine

## See what the doctor sees with Map of Medicine



The Map of Medicine is used by doctors throughout the NHS to determine the best treatment options for their patients. NHS Choices offers everyone in England exclusive and free access to this cutting-edge internet resource, which lets you see exactly what your doctor sees.

The information in the Map has been approved by the UK's leading clinical experts, is based on the best available clinical evidence, and is continually updated. To take advantage of this unique resource go to:

[Map of Medicine: headache in adults](http://healthguides.mapofmedicine.com/choices/map/headache_in_adults1.html)

# Medicines Info

## Medicines for Migraine

Over-the-counter medicineOver-the-counter medicine. Medicine can be bought without a prescription.

**A**

[Almogran](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Almogran)

(a brand of [Almotriptan Hydrogen Malate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Almotriptan%20Hydrogen%20Malate))

[Almotriptan hydrogen malate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Almotriptan%20hydrogen%20malate)

[Aspirin](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Aspirin)

**B**

[Betaloc](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Betaloc)

[Betim](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Betim)

(a brand of [Timolol Maleate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Timolol%20Maleate))

[Botox](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Botox)

(a brand of [Botulinum Toxin Type A](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Botulinum%20Toxin%20Type%20A))

[Botulinum Toxin Type A](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Botulinum%20Toxin%20Type%20A)

[Brufen](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Brufen)

(a brand of [Ibuprofen](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Ibuprofen))

[Buccastem](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Buccastem)

(a brand of [Prochlorperazine Maleate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Prochlorperazine%20Maleate))

**C**

[Caffeine hydrate/Cyclizine hydrochloride/Ergotamine tartrate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Caffeine%20hydrate/Cyclizine%20hydrochloride/Ergotamine%20tartrate)

[Caffeine/Sodium bicarbonate/Paracetamol](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Caffeine/Sodium%20bicarbonate/Paracetamol) Over-the-counter medicine

(a generic version of [Resolve Extra](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Resolve%20Extra))

[Clonidine](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Clonidine)

(a generic version of [Catapres](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Catapres))

(a generic version of [Dixarit](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Dixarit))

[Clotam](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Clotam)

(a brand of [Tolfenamic Acid](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Tolfenamic%20Acid))

[Codeine/Paracetamol](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Codeine/Paracetamol)

[Corgard](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Corgard)

(a brand of [Nadolol](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Nadolol))

[Cuprofen Plus](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Cuprofen%20Plus) Over-the-counter medicine

[Cyproheptadine](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Cyproheptadine) Over-the-counter medicine

(a generic version of [Periactin](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Periactin))

**D**

[Deseril](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Deseril)

(a brand of [Methysergide Maleate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Methysergide%20Maleate))

[Diclofenac potassium](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Diclofenac%20potassium)

[Dixarit](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Dixarit)

**E**

[Eletriptan hydrobromide](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Eletriptan%20hydrobromide)

(a generic version of [Relpax](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Relpax))

**F**

[Flurbiprofen](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Flurbiprofen)

(a generic version of [Froben](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Froben))

[Froben](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Froben)

[Frovatriptan succinate monohydrate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Frovatriptan%20succinate%20monohydrate)

**H**

[Hedex Extra](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Hedex%20Extra) Over-the-counter medicine

**I**

[Ibuprofen](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Ibuprofen)

[Ibuprofen/Codeine phosphate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Ibuprofen/Codeine%20phosphate) Over-the-counter medicine

(a generic version of [Cuprofen Plus](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Cuprofen%20Plus))

[Imigran](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Imigran)

[Imigran nasal spray](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Imigran%20nasal%20spray)

[Imigran Recovery](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Imigran%20Recovery)

(a brand of [Sumatriptan Succinate](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Sumatriptan%20Succinate))

[Inderal](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Inderal)

**L**

[Lopresor](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Lopresor)

[Lysine acetylsalicylate/Metoclopramide hydrochloride](http://www.nhs.uk/Conditions/Migraine/Pages/selectorshow.aspx?medicine=Lysine%20acetylsalicylate/Metoclopramide%20hydrochloride)