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New research suggests women who experience migraines are also more likely to suffer from major heart problems. Experts examined data from over 110,000 nurses in America Almost

18,000 of them reported suffering migraines when they were initially assessed. Over the next 20 years, more than 1,300 nurses had experienced major cardiovascular disease events. And 223 women died from the disease. Dr Onkar Sahota is a GP and Chair of the London Assembly Health Committee. He joins us in the studio. Welcome, Dr Sahota. This is a robust data. 115,000 nurses over 20 hours. Metadata. We can put a lot of reliability onto it. What does it say? It shows there is an increased risk of angina, heart disease, strokes, and we knew previously that there was an association between strokes and migraine but this data shows a link to other diseases as well, cardiovascular disease. That

is what the data is about. It did not look at whether these women had a particular type of headache, one where you get a warning before the attack. It is debilitating. The one where you can't work for a couple of days. Absolutely. There's also angina and heart disease, and people are more likely to die when they get this. And therefore when you have a patient with a migraine you should look at the risk factors for heart disease. That is what the data is really saying. White should susceptibility to migraine have cardiovascular problems attached? As a very good question. We think it's due to the coordination of blood samples, what may be melting of blood vessels in brain that is

leading to the migraine and is a close link between not sure. It is what is it about the migraine that makes people more susceptible to heart disease and what interventions should we make beyond looking at whether you smoke, and your cholesterol level, that you have high blood pressure, I think we need to do more research into this. The problem is a GP when some idiot comes in and says they have had a splitting headache for two days they want pain relief. They don't want a lecture telling them to lose weight, or tell them that what they are suffering in their head might affect the rest of their body, cardiovascular disease. We need to look at my grin as a trigger factor, although it is a very common condition, as you say. The incidence in the United States is about one in

ve people and women are more likely than men to have migraines. I think generally when you go to see the GP nowadays they are interested in your blood pressure and your cholesterol, and your obesity status so I think that's part of the public health campaign anyway but this is one more risk factor that we should look more carefully at. We can reasonably apply these figures to the UK. And there is this gender divide as well. We are talking about 8 million British people with migraines of varying severity. This is a condition which can be very debilitating. People can be off work, effectively housebound in a darkened room for days on end. What do you see, as a GP? It is very debilitating. There are risk factors, for example, we know that

there are some foods associated with migraines, like red wine and chocolate and some cheeses. We look at those risk factors. Stress can be a factor as well. What the study did not look at is which women had this certain type of migraine and which did not. We know that people with a severe type of migraine are more likely to have a stroke. This is just one more thing that raises the flag when we look at risk factors. You're right, when people have these attacks they should take advice from the GPs who should give them something to prevent this episode and give them something to take when they get an episode. On those points what tips can you give on prevention and dealing with it, compared to when you started as a GP what is available in terms of drugs? If you are susceptible to having migraines

what can you prescribe that improves the quality of live? If you get one attack every two months you don't want to take something everyday but if you get them three or four times a month there is medicine which can reduce the incidence and severity of those attacks. I think we are already doing that. What we will be doing no further in looking at the risk factors, what we are saying is, be more cautious and we are looking more at the interaction and what we can do to stop these risk factors. This is what the study is doing, highlighting it, not just strokes, also heart disease and blood pressure. Dr Sahota, thank you for joining us. Still to come on Sky News.