MIGRAINE

Migraine is the second most common cause of headache Episodic attacks of moderate to severe intensity headache, often unilateral, throbbing/pulsatile.

EPIDEMIOLOGY

Migraine

affects 15% of women

and 6 % of men

annually. The onset is

most common during early adulthood. The prevalence is higher among women than men, with the highest prevalence during menarche until 35-39 years of age, thereby gradually decreasing after menopause.

TRIGGERS:

Precipitated by multiple factors. Common triggers include sleep deprivation, skipping meals, excessive caffeine intake, lack of physical activity, stress, anxiety, and menstruation.

TYPES:

Migraine with aura

Migraine without aura

Chronic migraine

CLINICAL FEATURES

Characterized by four phases

PRODROME: irritability, low mood, extreme fatigue, yawning, food cravings, difficulty falling asleep, neck pain or muscle stiffness

AURA sensory symptoms – visual disturbances – zig-zag lines, unilateral paresthesia in the face and arm

HEADACHE Severe pulsatile, often unilateral, and peaks in the first few hours. Associated symptoms such as nausea, vomiting, photophobia, lacrimation, rhinorrhoea, and osmophobia are present.

POSTDROME: It consists of extreme exhaustion, dizziness, and difficulty focusing. Headache can be triggered by a change in head posture/movement

DIAGNOSIS

Migraine is a clinical diagnosis based on history and clinical examination.

There is no specific diagnostic test for migraine. Neuroimaging may be indicated in a few situations presenting as sudden onset severe headache, duration more than 72hrs, new onset neurological symptom/sign on examination, and suspected meningitis.

CRITERIA : 2 OF THE FOLLOWING : Unilateral pain,throbbing pain, aggravated by movement, moderate or severe intensity
PLUS ONE OF THE FOLLOWING : Nausea/vomiting, photophobia/phonophobia

TREATMENT: NON PHARMACOLOGICAL THERAPY :

Adapting a healthy lifestyle which includes a proper diet, adequate physical exercise, maintaining a good sleep schedule,avoidaning excess caffeine,alcohol and acute stressful situations.

PHARMACOLOGICAL THERAPY:

Comprises of treating acute attacks known as Aborters and Prophylactic medication for long-term control.
These include Beta blockers, TCAs, topiramate, valproate, flunarizine,SSRIs, Pizotifen and other modalities like ingle pulse transcranial magnetic stimulation(sTMS).For sufferers of chronic migraine, Onabotulinum toxin A can be tried. Recent advances include an antagonist of the CGRP receptor (erenumab,fremanezumab,galcanezumab) can be tried.

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