

Migraines. Even the mention of the word makes women shudder. And they have every reason to. With approximately 28 million migraine sufferers in the U.S., a disproportionate 75 percent of those afflicted are women. An estimated 15 percent to 20 percent of all American women report having experienced at least one migraine, while only six percent of men in the U.S. report having been affected. Migraines not only disrupt the lives of sufferers, but also the lives of everyone around them — children, spouses, families, colleagues and friends.

Migraines occur at any age, but are most common between the ages of 10 and 40, with a decrease in prevalence after the age of 50. Their frequency ranges from only a few episodes in a lifetime to multiple migraines per month.

With one migraine lasting from four hours to more than 72 hours, many migraineurs suffer silently in darkened rooms for hours or days at a time. While migraines are



Migraines: Taming the Pain

Perhaps due to hormones, chemical make-up or out-of-control stress, women have cornered the market on migraines. But there is good news on the horizon.

by Java Solis

ing the head. Many sufferers report feeling tired or weak after a migraine episode has subsided. It is a common misconception that a migraine is merely a severe headache. Migraine is an excruciating disease, of which headache is only one symptom.

But new treatments and renewed awareness among patients and the healthcare community have reinvigorated migraine treatment.

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no procedures or tests to confirm the diagnosis of migraine. Diagnosis is usually based on patient-reported symptoms, although CTs or MRIs may be performed to exclude other disorders. The best diagnostic tool is often a good question-and-answer

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most often associated with debilitating pain, they may also cause nausea, vomiting and sensitivity to light, sound and smells. In addition, some sufferers report sleep disturbances and depression. The throbbing or pulsating pain is more often felt on only one side of the head and may be intensified by physical activity, coughing, straining or lower-

Too Often Misdiagnosed

Erica Lesperance, a 28-year-old registered dietitian in the Atlanta area, has suffered from migraines for 14 years. However, it was only a few years ago that she was appropriately diagnosed and treated. "Before finding my current doctor," she says, "I thought my migraines were just headaches to be endured."

nosis. "My doctor told me how it used to be that only very specific headaches were thought of as migraines," Lesperance explains. "You were only diagnosed if you had vomiting or auras. They have learned so much about migraines since then. If it is debilitating to you, if it interrupts your daily activity, it is a migraine."

Unfortunately, there are

session with a physician who listens well.

What Causes Migraines?

Although the underlying cause is not well understood, it is believed that migraines result from a series of reactions in the central nervous system (the brain and the spinal cord) triggered by changes in the body or in the





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environment. These changes result in inflammation, constriction and expansion of the blood vessels and nerves surrounding the brain. The pain associated with migraine is thought to occur when a major nerve of the head and face is signaled, chemicals are released and the blood vessels on the surface of the brain swell.

Genetic factors may also play a role in the development of migraine disease, with individuals with one parent affected by migraine having a higher risk of developing migraine. More than half of migraineurs report having a close relative who also suffers from the disease.

The two most common forms of migraine are "without aura" and "with aura." Migraine without aura is the most prevalent, and seems to be preceded by tiredness or mood changes the day before the migraine occurs. Migraine with aura occurs in approximately 20 percent to 25 percent of sufferers, and is characterized by an aura of bright or shimmering light that surrounds objects about 10 to 30 minutes before the migraine sets in. Still other people report altogether different symptoms.

While the primary cause of migraine remains elusive, an extensive list of migraine triggers has been identified. Triggers vary, but may include alcohol, environmental factors (weather, altitude, time zone changes), caffeine, specific foods (chocolate, smoked meats, citrus fruits), preservatives (monosodium glutamate [MSG], nitrates), light glare, hormonal changes in women, hunger, lack of sleep, medications, perfume and stress.

"My migraines feel like an intense aching pain that reaches deep into the sockets of my eyes," says Lesperance. "I now know though that skipping

meals, stress, intense exercise and hormone changes are my triggers. I am better able to control my attacks by controlling these factors."

Drug and Alternative Therapies

At this time, there is no cure or guaranteed treatment for migraine. "Treatment must be tailored to each individual case," explains Gregory Esper, M.D., director of General Neurology at the Emory University School of Medicine.

More often than not, physicians also prescribe two different types of drug classes to help their patients with migraines. Abortive therapy, as it's called, is used to limit the duration and symptoms of a migraine and is most often prescribed for people who have mild, infrequent episodes. Abortive medications must be taken at the first sign of migraine in order to be effective and to inhibit the attack from progressing. Some medications include triptans (Imitrex[®], Amerge[®]) and ergot alkaloids (Cafergot[®], Migranal[®]). For more severe or less responsive migraines, opioid analgesics such as Darvocet-N[®] may be prescribed. While opioids are often effective, "They also carry with them the risk of addiction," says Esper.

Further, many of these drugs cause blood vessels to constrict, so they are not recommended for patients with heart disease or a history of stroke.

The other type of treatment, known as prophylactic treatment, is aimed at migraine prevention. It is most often prescribed for people with frequent headaches that do not respond to abortive treatment, and who typically have more than one migraine per week. Treatment options include beta-blockers (Inderal[®]), antiseizure medications

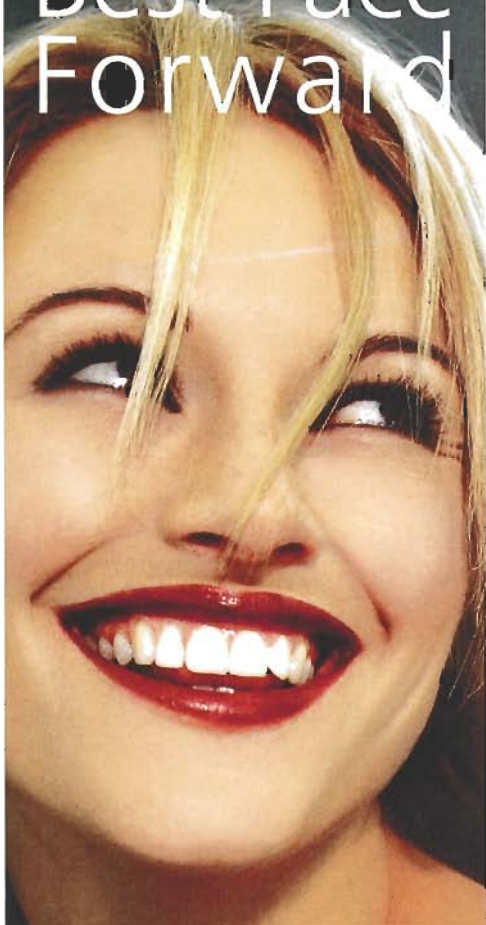
The Migraine Diet

Erica Lesperance, R.D., L.D., is a migraine sufferer and a registered dietitian. "It's not well understood how foods trigger migraines," says Lesperance. Some suggest it is an allergic reaction while others propose that specific foods induce a change in the blood flow to the brain. "Not only do certain types of food trigger migraines, but also skipping meals, caffeine withdrawal and a high-fat diet," she says.

"It's important to identify trigger foods," suggests Lesperance. "However, it can be equally important to include foods that help to prevent migraines. Magnesium, which is found in almonds, cashews and Brazil nuts, as well as in whole grains and black beans, is an important player in limiting migraines." Other foods and supplements that have been reported to aid in migraine prevention include calcium, riboflavin (vitamin B2), complex carbohydrates, fiber and ginger.

Visit <http://www.nal.usda.gov/fnic/consumersite/index.html> for more information.

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Because some abortive therapies cause blood vessels to constrict, they are not recommended for individuals with heart disease or a history of stroke.

Many sufferers have found support from their physicians in using alternative treatments to manage migraines. Acupuncture, chiropractic care, and vitamin and mineral supplements may be effective in controlling migraine. Biofeedback, which uses equipment to monitor physical tension and teach patients how to control the physical processes related to stress, also has been successful in enabling individuals to cope with migraine pain.

There are No Cures, But You can Take Control

Recognizing and addressing personal stressors is one tool migraine sufferers can use to help control their attacks. "No migraineur can avoid migraine if they do not appropriately change their diet and lifestyle. They must identify their triggers and remove them," says Esper.

Emotional stress is a common and significant trigger of migraine, and it can be either negative or positive. The chemicals that are released during times of stress may contribute to the blood vessel changes associated with migraine. Related emotions, such as anxiety, excitement and fatigue can increase muscle tension and intensify the severity of the migraine.

Fluctuation in estrogen levels is a migraine trigger unique to women. Natural fluctuations in estrogen levels (menstruation, pregnancy, menopause) as well as artificial fluctuations, such as those produced by birth control medications, can all contribute to migraine onset. "Women face very distinct challenges in migraine," says Leslie Kelman, M.D., medical director of the Headache Center of Atlanta. "Approximately 60 percent of female migraineurs have migraines that occur with menstruation as well as at other times, and three percent to five percent have migraine only with menstruation,"

notes Kelman. And for that same mysterious hormonal reason, menstrual migraines often have a longer duration, more severe pain, more acute symptoms and decreased response to migraine medication.

"I can track my migraines to my period," says Lesperance. "I was taking a birth control pill with two different levels of estrogen and a placebo, and migraine during the placebo days was a given. My doctor switched me to a birth control pill with only one level of estrogen and a placebo, which helped, but it wasn't until I switched to the injected birth control, with only one level of estrogen and no placebo that I found relief."

Food plays a significant role in both the onset and the prevention of migraine (see pg. 26). Although food triggers are not well understood, they are distinctly associated with migraines. On the other hand, foods such as carbohydrates and fiber, and supplements, such as riboflavin and calcium, may help prevent or at least minimize migraines.

Other techniques to manage migraine include rest or sleep in a dark, quiet room, cold packs, gentle pressure on the painful sites on the head, and analgesics (e.g., ibuprofen, acetaminophen). "Women with migraine need to keep a detailed journal of what they eat and what kind of stress they are under and try to match it with their periods or hormones," says Lesperance.

Not so long ago, migraine sufferers had few more options than a near-toxic dose of aspirin. Much more research is being done about this excruciating — and debilitating — disorder. Now, there's help and hope through lifestyle management and drug therapies. ♀

Resources

MAGNUM (Migraine Awareness Group: 0A National Understanding for Migraineurs)—www.migraines.org

The American Council for Headache Education—www.achenet.org

The American Headache Foundation—www.headaches.org

The American Headache Society—ahsnet.org

The National Institute of Neurological Disorders and Stroke—www.ninds.nih.gov