Q: What is a migraine headache?

A: Symptoms include:

Pain — The pain of a migraine headache usually begins gradually, intensifies over minutes to one or more hours, and resolves gradually at the end of the attack. The headache is typically dull, deep, and steady when mild to moderate in severity; it becomes throbbing or pulsatile when severe.

Migraine headaches are worsened by light, sneezing, straining, constant motion, moving the head rapidly, or physical activity. Many migraine sufferers try to get relief by lying down in a darkened, quiet room. In 60 to 70 percent of people, the pain occurs on only one side of the head. In adults, a migraine headache usually lasts a few hours, although it can last from four to 72 hours.

Other symptoms — Migraine headaches are often accompanied by nausea and vomiting, as well as sensitivity to light and noise. Between 10 and 20 percent of people with migraines also experience nasal stuffiness and runny nose, or teary eyes.

Aura — About 20 percent of people with migraines experience symptoms before the headache; this is called an aura. The aura may include flashing lights or bright spots, zigzag lines, changes in vision, or numbness or tingling in the fingers of one hand, lips, tongue, or lower face. Auras may also involve other senses and can occasionally cause temporary muscle weakness or changes in speech.

Aura symptoms typically last five to 20 minutes and rarely more than 60 minutes. The headache occurs soon after the aura stops.

MIGRAINE HEADACHE TRIGGERS — Migraines can be triggered by stress, worry, menstrual periods, birth control pills, physical exertion, fatigue, lack of sleep, hunger, head trauma, and certain foods or drinks that contain chemicals such as nitrites, glutamate, aspartate, tyramine. Certain medications and chemicals can also trigger a migraine, as well as perfumes, smoke, and solvents with a strong odor.

MIGRAINE HEADACHE TREATMENT TYPES — Migraine headache treatment depends upon the frequency, severity, and symptoms of your headache.

- Acute treatment refers to medicines you can take when you have a headache to relieve the pain immediately.
- Preventive treatment refers to medicines you can take on a regular (usually daily) basis to prevent headaches in the future.

Acute treatment — The pain of migraines can be tough to get rid of. Treatment is most likely to work if you take it at the first sign of an attack (eg, at the first sign of aura if one occurs, or when pain begins).
In some people, an aura occurs before the migraine. Therefore, an aura can serve as a warning that a migraine headache is on the way, and should be the signal to take migraine medication.

Pain relievers — Mild migraine attacks may respond to over-the-counter pain relievers:

- **Aspirin**
- Acetaminophen (sold as Tylenol®)
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (sold as Motrin® or Advil®), indomethacin, or naproxen (sold as Naprosyn® or Aleve®).

These are recommended first for mild to moderate migraine attacks. However, they should not be used too often because overuse can lead to medication-overuse headaches or chronic daily headaches. People with gastritis (inflammation of the stomach), ulcers, kidney disease, and bleeding conditions should not take products containing aspirin or NSAIDs.

If these are ineffective you may need a pain reliever which requires a prescription. Some of these:

Triptans — If a pain reliever does not control your migraine pain, most healthcare providers will recommend a treatment that is migraine-specific. This includes a class of medications called triptans which require a prescription.

Preventive treatment — Preventive treatment effectively controls migraine headaches in most people, although the benefits of this treatment may not be evident for three to four weeks. In some cases, both acute treatment and preventive treatment are necessary to adequately control migraines. These are prescription medications.

Herbal therapies — Herbal therapies have been evaluated for the treatment of migraine headache, including feverfew and butterbur. Of these, feverfew has been the most widely studied. Some studies have found it to be effective for migraine prevention, although most experts agree that the benefits are still unproven.

**MENSTRUAL MIGRAINES** — Migraines occur about three times more commonly in women than in men. Estrogen has a variable effect on the frequency and severity of a woman's migraines; some women who take birth control pills (which contain estrogen) or hormone replacement therapy experience worsening headaches, while others improve. Similarly, some women have more frequent or severe headaches during pregnancy while others have improvement.

Menstrual migraines are migraine headaches that occur around the beginning of a woman's menstrual period (usually two days before to three days after the period begins). Women with menstrual migraine may also have migraines at other times during the month. Most often, there is no migraine aura associated with menstrual migraines, even if the woman usually has aura at other times.
Menstrual migraines are thought to be triggered by the normal decrease in estrogen levels that occurs before the menstrual period begins. Menstrual migraines tend to be longer lasting, more severe, and more resistant to treatment than other types of migraine.

Treatment — Initial treatment of acute menstrual migraine is the same as treatment for migraine occurring at any other time.

A preventive treatment may be useful for women who have menstrual migraines on a predictable schedule.

Nonsteroidal antiinflammatory drugs (NSAIDs) such as ibuprofen or naproxen are one option for mini-prophylaxis of menstrual migraine.

- Triptans which require a prescription are another option. Typically, long-acting triptans are dosed twice daily beginning two days before anticipated menses and continued for five days.

Hormonal treatments may be recommended to prevent menstrual migraines. One approach is to use birth control pills in an extended cycle; another choice is menstrually-targeted supplemental estrogen. These treatments work by preventing a rapid decline in the level of estrogen in the body before the menstrual period, which is believed to trigger the migraine.