

# Migraine

## WHAT IS A MIGRAINE?

Migraines are severe headaches that usually involve vomiting, fatigue and sensitivity to light. Some begin on one side of the head (often behind the eye) and spread to the whole head but many do not. Migraines can last from hours to a few days.

Migraines affect around one in 10 people. They are more common in females and tend to affect young people who are otherwise healthy. Many people who get migraines will have a family member with the same problem.

## WHAT CAUSES A MIGRAINE?

The cause of migraines is unclear. There appear to be both genetic and environmental factors.

The cause of migraine pain is thought to be a complex interaction between nerves (especially the trigeminal nerve), blood vessels, the brain and various body chemicals such as serotonin.

Doctors believe there are 'triggers' that can bring on a migraine, although finding out an individual's trigger is not always easy. Some common triggers include:

- alcohol, especially red wine
- flickering lights from a TV or computer screen
- heat, light (glare) or noise
- chemicals, such as those found in petrol and perfume
- cheese, coffee, nuts, chocolate, oranges, tomatoes, some food additives and preservatives
- hunger
- hormonal changes – periods, hormone pills and menopause
- exercise
- emotions – stress, excitement or fatigue.

## WHAT ARE THE SYMPTOMS?

Migraine pain can be throbbing, pulsing or squeezing and it gets worse with movement and normal activities. Other symptoms can include:

- a warning sign (aura) such as blurred vision, flashing lights, numbness, tingling and funny smells
- nausea and vomiting
- a dislike for bright lights
- a dislike for loud noises.

The attacks may be few and far between, or frequent and severe. Migraines are often unpredictable.

## TREATMENT

Migraines vary between people and so does the treatment. There are many new treatments that can be used for an attack.

If a migraine is in the early stages, simple medications such as aspirin (usually 900mg or three dissolvable tablets) and an anti-nausea medication may be enough to provide relief. Tell your doctor or healthcare professional if you are unable to take aspirin.

If the pain is severe, stronger medications (sometimes intravenous – into the vein through 'a drip' – and sometimes subcutaneous – under the skin) may be necessary. Commonly used medications include prochlorperazine (Stemetil), metoclopramide (Maxalon) and sumatriptan. Some patients may receive a corticosteroid such as dexamethasone. Severe migraines may be treated with stronger medications like chlorpromazine (Largactil) and intravenous fluids.

Pethidine and other opioids (strong pain medications) are no longer used to treat migraines because more effective medications are now available.

Usually, no tests are needed unless the doctor feels they need to rule out another reason for your symptoms.

Sometimes a referral to see a neurologist (brain specialist) is required or suggested. Discuss this with your local doctor.

## REBOUND

Some people get good relief from treatment for a few hours but then experience a 'rebound' headache or a recurrence of the migraine a few hours later when the treatment wears off. This is less common with modern treatments. If this happens it is quite safe to treat it the same way you would treat any other migraine.

## HOME CARE

Simple measures may help you deal with a migraine at home:

- Lie in a quiet, cool, dark room.
- Place a cold flannel on your forehead or neck.
- Do not drink coffee, tea or orange juice.
- Avoid moving around too much.
- Try to relax through meditation or listening to music.
- Do not read or watch television.
- Do not drive.
- Some people find relief from 'sleeping off' an attack.
- Take medications as directed by your doctor.

If you have another attack, take your anti-migraine medication or simple pain relief and lie down in a dark, quiet place. The earlier you start treatment the better. Take medication only as directed.

If your headache is severe, is not like the usual pattern, does not respond to the usual medication, or is associated with arm or leg weakness, speech difficulty, fever, drowsiness or confusion, you should seek urgent medical care.

## WHAT TO EXPECT

For most people the pain stops and they feel well again fairly soon. You may be left with a 'hangover' that lasts several hours or days. This can leave you feeling weak and tired with a mild headache.

You may need to stay home from work or school.

If you have frequent attacks, there are daily treatments that can help. Ask your doctor about these. Migraines tend to get less frequent and less severe as you get older.

## PREVENTION

- Think about what may have caused the attack and avoid that 'trigger'. For example, avoid red wine if you suspect this is the cause.
- Ask your doctor about treatment options to prevent or reduce attacks.
- Complementary treatments may help, although research evidence is lacking. Examples include relaxation (yoga and meditation), acupuncture, aromatherapy, biofeedback and hypnotherapy.

## Seeking help

In a medical emergency call an ambulance – dial triple zero (000).

For other medical problems see your local doctor or healthcare professional.

For health advice from a registered nurse you can call NURSE-ON-CALL 24 hours a day on 1300 60 60 24 for the cost of a local call from anywhere in Victoria.\*

NURSE-ON-CALL provides access to interpreting services for callers not confident with English.

\* Calls from mobiles may be charged at a higher rate.

## WANT TO KNOW MORE?

- Ask your local doctor or healthcare professional.
- Visit the Better Health Channel at [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au).

To receive this publication in an accessible format phone 9096 7770, using the National Relay Service 13 36 77 if required, or email

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