

What **You** Should **Know** About Your **Migraine Headache**

How would I know if my headaches are migraines?

- If your headaches come with two or more of the following symptoms, you probably have migraines: nausea, light sensitivity, and/or problems doing usual activities during the headache attacks.
- Recurrent migraine headaches are sometimes confused with headaches related to sinus infections ('sinusitis'). If the headache is sinus-related, it would be expected to improve with appropriate treatment that may include antibiotics. Most people with recurrent headache attacks who believe they have sinus headaches really have migraines.

Facts about migraine headaches

- Migraines are the most common kind of recurrent, severe headache attacks that last from several hours to a few days.
- Migraines are underdiagnosed, leading to unnecessary suffering and disability.
- Medical research supports the use of various medical and non-medical treatments for migraines.

When should I get professional help for my migraine headaches?

- If you have a new severe headache, or if your usual headache changes and is more severe or frequent.
- If your headaches are not well-controlled by your current treatments.
- If you become pregnant or are breastfeeding and are taking headache medications. For more information, see the info sheet "[What You Should Know About Your Headache During Pregnancy and Breastfeeding](#)".
- If you are taking acetaminophen or anti-inflammatory medications such as ASA, ibuprofen, naproxen, or diclofenac 15 or more days a month, or a triptan or medication containing codeine or another opioid 10 or more days a month.

Who can help me?

- Your family doctor is trained to assess and treat the common forms of headache, including migraines.
- Neurologists are trained to assess the less common types of headache, and to help treat patients with more severe headache problems.
- Chiropractors and physiotherapists are trained to assess and treat headaches caused by neck muscle problems. If problems with your jaw or neck are causing some of your migraines, a chiropractor or physiotherapist may be able to help you.

Do I need x-rays, an MRI, or laboratory tests?

- For most people, these tests are not needed to diagnose migraines.
- Your treating clinician will order tests only if the results could help you.

What should I do?

- Use a '[headache diary](#)' to monitor your migraine patterns and learn what might be causing your migraines or making them worse ('triggers').
- Adjust your lifestyle to avoid migraine triggers such as stress, irregular schedules and poor sleep, missing meals, certain [foods and beverages](#), fluorescent lighting, weather changes, and taking pain medications too often.
- Learn and use stress management skills, such as relaxation training, biofeedback, and cognitive behavioural therapy.
- Explore other non-medication interventions such as nutritional counselling and exercise.
- For more information on other 'self-management' strategies, see the info sheet "[What You Should Know About Headache Self-Management](#)", and/or the [full brochure](#).

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Should I take pain medications for my migraine headaches?

- **Everyone is different.** Your doctor has guidelines to help select medications that are likely to be best for you personally.
- Most acute medications do not work on every occasion when they are used. Working with your doctor, you may need to try a medication for several different attacks before concluding that it is ineffective, and you may need to try several medications before you are satisfied with the results.
- Over-the-counter medications such as ASA (e.g., Aspirin[®]), acetaminophen (e.g., Tylenol[®]), and ibuprofen (e.g., Advil[®] or Motrin[®]) can be effective, particularly for mild or moderate migraines.
- There are many prescription medications that can be effective for treating migraines, including triptans (such as sumatriptan, e.g., Imitrex[®]).
- If you have nausea or vomiting with your migraine attacks, there are options such as triptan wafers, nasal sprays, or injections that may be best.
- Medications containing codeine or another opioid may be necessary at times, but are best avoided.
- **More is NOT necessarily better.** Using migraine medications such as acetaminophen or NSAIDs 15 or more days a month, or a triptan or medication containing codeine or another opioid 10 or more days a month may cause a headache type called 'medication-overuse headache'.

- If you are pregnant or breastfeeding and take pain medications for your migraines, you may need to use different medications than you have previously used. Talk to your doctor for more information, and see the info sheet "[What You Should Know About Your Headache During Pregnancy and Breastfeeding](#)".

Can migraine headaches be prevented or cured?

- While there is no known cure for migraines, there are both medical and non-medical treatments that reduce how often migraines occur and how bad they are.
- If your migraines happen often and are interfering with your normal activities even though you are taking medications for individual migraine attacks, discuss migraine preventive medications with your doctor and see the info sheet "[What You Should Know About Migraine Preventive Medications](#)". Also review the self-management strategies in the info sheet "[What You Should Know About Headache Self-Management](#)", and/or the [full brochure](#).

***For more information on the topics covered here, see the other info sheets and the full brochure at: www.ihe.ca/research-programs/hta/aagap/headache.**