

Managing migraines

Department of Neurology

Information for Patients

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Introduction

A headache is a common symptom of a migraine. It usually goes away by itself. If a headache lasts longer than a few hours and happens often, it could be a sign of something else.

If you keep getting headaches you should talk to your GP. They will ask you about your symptoms to see what sort of headaches you may be having. There are different types of headache. These include tension, cluster, severe facial pain (neuralgia) or migraine. In some cases, headache is due to a brain abnormality and a brain scan may be advised.

What is a migraine?

A headache is described as a migraine if there are certain features. These are given below:

- Feeling sick (nausea).
- Throbbing or pulsating headache which is worse when you move.
- Sensitivity to noise, light, or smell.
- Pain anywhere in your head or face. You may get pain in your neck, back or other parts of your body, this is less common. Typically the headaches lasts from hours to days.
- 1 in 5 people who get migraines have “aura” before or with their migraine. Aura refers to symptoms like seeing flashing lights or zig zag lines (visual disturbance), pins and needles in the arms and legs, or having difficulty with speech.
- Sometimes, people can have just the aura without getting a headache.

**Health information and support is available at www.nhs.uk
or call 111 for non-emergency medical advice**

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Are there different types of migraine?

There are 2 types of migraine:

- **Episodic** - These migraines usually starts as separate episodes of headache. They may start to happen more often or get more severe over time. The gaps between episodes tend to be free of headaches with no symptoms. About 1 in 6 people have episodic migraine. It is more common in women.
- **Chronic** - This is when “episodic migraines” happen more and more often. You have headaches on more than half the days of the month. You may have milder headaches that come and go between attacks. Your usual pain relief medicine may not work. You may need to change to a different medicine. 1 in 25 people get chronic migraine.

What causes migraine?

If you have a family history of migraines then you may be more likely to have them yourself. Headaches can be caused by overuse of medication. Using painkillers often is a common cause of chronic headache.

You may be able to find a trigger for your episodic migraines. You can then avoid this trigger. Common triggers include: stress, tiredness, lack of sleep, dehydration, missing meals, having alcohol or caffeine often, particular foods like cheese or chocolate. There may be a trigger that you cannot avoid such as a change in weather. Maintaining a headache diary may help to identify a specific trigger for your migraine.

There can be certain factors that cause chronic migraines. These include: hormonal changes, viral illness, stress, obesity or a head injury.

How can headaches caused by migraines be treated?

Try to manage your migraine headache by:

- Drinking 1 to 2 pints of water at the beginning of the attack.
- Eating slow-release carbohydrates like banana, biscuits or toast.
- Resting and avoiding any known triggers.
- Using ice or heat packs. You can also apply products such as menthol strips or “4head” stick.
- Try massaging your neck, temples or scalp.

If these do not help, you may need to try medicine:

- You should not use painkillers (paracetamol) regularly. You should only use them for more severe headaches. This will reduce the risk of headaches being caused by overuse of medicine.
- If paracetamol does not work you can try anti-inflammatory drugs for example aspirin,

ibuprofen, naproxen. You should try a medicine for a few episodes of migraine, before trying a different one. A combination of paracetamol and ibuprofen taken together may be more effective.

- If paracetamol and/ or anti-inflammatory drugs are not working, you should talk your GP. They can give you advice on painkillers which are specifically for migraines (triptans).
- You can take anti-sickness drugs (cyclizine, metoclopramide) occasionally for sickness or vomiting.
- You should avoid strong opiate painkillers for example codeine, co-codamol, tramadol, morphine. This is because of the high risk of rebound headache (headaches triggered by pain killer medication). They can also make your headaches worse in the longer term.

Making changes to your lifestyle to stop migraines from happening.

You may be able to prevent migraine attacks by making some lifestyle changes:

- Limit the use of painkillers or triptan medicines. Aim to take painkillers for severe headaches only. Not taking any painkillers may be even more effective in some people. This may make your headaches worse at the start, but symptoms can improve in the long-term.
- Avoid any known triggers for migraine.
- Stay well hydrated. Drink 2 to 3 litres of fluid per day. Do not eat or drink anything that has caffeine in.
- Eat meals regularly.
- Go to bed and get up at similar times each day.
- Lose weight if needed. Obesity is linked to a higher risk of chronic migraine.

Using medicines to prevent migraines

If your migraines are having a significant impact on your work, school or home life, or treatment for migraine headaches is not working, regular preventive (also called prophylactic) medication may be advised by your GP. This can help to reduce the number and severity of headaches.

Preventive medicines, for example, propranolol and amitriptyline are usually started at small doses. Your doctor may recommend that the dose is then increased slowly. You would need to take these medicines regularly. They only start working after you have been taking a recommended dose for about 3 months. If it works, you will usually take the medicine for about 1 year. Then you and your doctor may think about cutting the dose down and stopping. There are many different medicines to try if the first one does not work for you. You may need to try a few different medicines, each for at least 3 months.

Lifestyle changes are still important. Preventive medicines will not work well if there is too much use of pain medication like paracetamol and ibuprofen. You may need to reduce your use of pain medicines before you start any preventive medicines.

All medications can have harmful effects if you are pregnant. If you are able to get pregnant and are taking any migraine prevention medicine you must have a plan to stop yourself from getting pregnant. Please talk to the doctor who prescribed the medicine or your GP about contraception advice. You should also talk to them about what to do if you do get pregnant.

Referral to a specialist

Most patients with migraine can be managed by their GP or hospital doctor. If your symptoms are not effectively controlled, your GP may refer you to a doctor who specialises in the brain (neurology specialist). They will review your headaches, and may offer you more medicines to try or specialist treatment options for migraines.

More information

Headaches: <https://www.nhs.uk/conditions/headaches/>

https://issuu.com/brainandspinefoundation/docs/bsf_headache_a5_booklet

Migraines: www.migrainetrust.org

Headaches caused by overuse of medication: www.migrainetrust.org
(search for “medication-overuse headache”)

Other useful sources:

Tension headaches: www.nhs.uk/conditions/tension-headaches/

Cluster headaches: www.ouchuk.org
www.nhs.uk/conditions/cluster-headaches/

Neuralgia: www.tna.org.uk
www.nhs.uk/conditions/trigeminal-neuralgia/

Contact details

If you need more advice or support please contact your GP or the NHS helpline on 111.

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