

# Managing migraines

Department of Neurology

Information for Patients

Produced: February 2021

Review: February 2024

Leaflet number: 187 Version: 1

## Introduction

A headache is a common symptom of a migraine which usually goes away by itself. If a headache lasts longer than a few hours and happens frequently, 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 e.g. tension, cluster, severe facial pain (neuralgia) or migraine.

## 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 the head or face, and less commonly in the neck, back or other parts of the body.
- 1 in 5 migraine sufferers 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.
- Occasionally, people can have just the aura without developing a headache.

**Health information and support is available at [www.nhs.uk](http://www.nhs.uk)  
or call 111 for non-emergency medical advice**

Visit [www.leicestershospitals.nhs.uk](http://www.leicestershospitals.nhs.uk) for maps and information about visiting Leicester’s Hospitals  
To give feedback about this information sheet, contact [InformationForPatients@uhl-tr.nhs.uk](mailto:InformationForPatients@uhl-tr.nhs.uk)

## Are there different types of migraine?

There are 2 types of migraine:

- **Episodic** - migraines usually starts as separate episodes of headache which may become more frequent and/ or 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, and it is more common in women.
- **Chronic** - when “episodic migraine” occurs more and more frequently, with headaches on more than half the days of the month, it is called “chronic migraine”. You may have milder intermittent headaches between attacks. Your usual pain relief medication may not work, and changing to different medication may be needed. Chronic migraine is reported by 1 in 25 people.

## What causes migraine?

Patients with migraine are believed to have a tendency to them, often with a family history of migraines. Headaches can be caused by overuse of medication. Frequent use of painkillers is the common cause of chronic headache.

It may be possible to identify a trigger for episodic migraines so they can be avoided e.g. stress, tiredness, lack of sleep, dehydration, missing meals, regular intake of alcohol or caffeine, particular foods like cheese or chocolate, or there may be an unavoidable trigger (e.g. change in weather).

There can be certain factors linked to the development of chronic migraines, including hormonal changes, viral illness, stress, obesity or a head injury.

## How can headaches caused by migraines be treated?

**Try the advice given below for self-management of a migraine headache:**

- Drink 1 to 2 pints of water at the beginning of the attack.
- Eat slow-release carbohydrates like banana, biscuits or toast.
- Rest and avoid any known triggers.
- Use ice or heat packs, or apply products such as menthol strips or “4head” stick to see if they ease your headache.
- Try massage to the neck, temples or scalp.

**If non-drug management is not effective medication may be needed:**

- Painkillers (paracetamol) should not be used regularly, only for more severe headaches, to minimise the risk of headaches being caused by overuse of medication.

- Anti-inflammatory drugs (e.g. aspirin, ibuprofen, naproxen) are usually advised if paracetamol does not work. A medication should be tried for a few episodes of migraine, before trying a different one. A combination of paracetamol and ibuprofen may be more effective.
- Where paracetamol and/ or anti-inflammatory drugs are not working, you may need to talk your GP for advice on painkillers which are specifically for migraines (triptans).
- Anti-sickness drugs (cyclizine, metoclopramide) can be taken for sickness or vomiting.
- Strong opiate painkillers (e.g. codeine, co-codamol, tramadol, morphine) should be avoided due to the high risk of rebound headache, with worsening of headaches in the longer term.

## Making changes to your lifestyle to prevent migraines

Migraine attacks may be prevented by making the following lifestyle changes:

- Limit the use of painkillers or triptan medications (e.g. to less than a few times per month at most). Stopping these may be even more effective in some people. Although this may worsen your headaches at the start, symptoms can improve in the long-term.
- Avoid any known triggers for migraine.
- Drink lots of fluids (e.g. up to 3 litres per day) and stop caffeine completely.
- Eat meals regularly.
- Go to bed and get up at similar times each day of the week.
- Lose weight if needed (obesity is associated with an increased 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 (e.g. propranolol, amitriptyline) are usually started at small doses and increased gradually, as recommended by your doctor. These medications are taken regularly, and only start working after you have been taking a recommended dose for roughly 3 months. If it works, the medication will usually be taken for about 1 year, before you and your doctor may consider cutting the dose down and stopping. There are several different medications to try if the first one does not work for you, and trials of the different medications (each for at least 3 months) may be needed.

Lifestyle changes remain important. Preventive medicines will not work well if there is too much use of pain medication like paracetamol and ibuprofen. This needs to be dealt with first before starting any preventive medicines.

Women taking any regular medications should talk about contraception advice and what to do in the event of pregnancy with the prescribing doctor.

## Referral to a specialist

Most patients with migraine can be managed by their GP or hospital doctor. Where symptoms are not effectively controlled, your GP may refer you to a neurology specialist to have a review of your headaches where further medication trials or specialist treatment options for migraine can be considered.

## Further information

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

[https://issuu.com/brainandspinefoundation/docs/bsf\\_headache\\_a5\\_booklet](https://issuu.com/brainandspinefoundation/docs/bsf_headache_a5_booklet)

Migraines: [www.migrainetrust.org](http://www.migrainetrust.org)

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

## Other useful sources:

Tension headaches: [www.nhs.uk/conditions/tension-headaches/](http://www.nhs.uk/conditions/tension-headaches/)

Cluster headaches: [www.ouchuk.org](http://www.ouchuk.org)  
[www.nhs.uk/conditions/cluster-headaches/](http://www.nhs.uk/conditions/cluster-headaches/)

Neuralgia: [www.tna.org.uk](http://www.tna.org.uk)  
[www.nhs.uk/conditions/trigeminal-neuralgia/](http://www.nhs.uk/conditions/trigeminal-neuralgia/)

## Contact details

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

اگر آپ کو یہ معلومات کسی اور زبان میں درکار ہیں، تو براہ کرم مندرجہ ذیل نمبر پر ٹیلی فون کریں۔  
على هذه المعلومات بلغةٍ أخرى، الرجاء الاتصال على رقم الهاتف الذي يظهر في الأسفل

જો તમને અન્ય ભાષામાં આ માહિતી જોઈતી હોય, તો નીચે આપેલ નંબર પર કૃપા કરી ટેલિફોન કરો

ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਭਾਸ਼ਾ ਵਿਚ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਨੰਬਰ 'ਤੇ ਟੈਲੀਫੋਨ ਕਰੋ।

Aby uzyskać informacje w innym języku, proszę zadzwonić pod podany niżej numer telefonu

If you would like this information in another language or format such as EasyRead or Braille, please telephone 0116 250 2959 or email [equality@uhl-tr.nhs.uk](mailto:equality@uhl-tr.nhs.uk)