

Migraine 101

Your FREE guide to All Things Migraine - what it is, why it happens, and what to do about it



Written By Kelli Yates, B.S. Dietetics
@The.Migraine.Dietitian



welcome!

I ' M S O G L A D Y O U ' R E H E R E .

I'm Kelli,

Dietetic Intern and soon-to-be Registered Dietitian Nutritionist. I've had migraine for over two decades now, and for so many years I accepted that the way I felt almost daily - tired, headache-y, brain foggy, and just generally sick - was just my normal. Doctors didn't seem to know what to do with me, and I didn't know what to do with me either.

It doesn't have to be this way!

I finally decided to empower myself with information and took control of my own health, and you can too. I created this guide to be the foundation for you to begin your healing journey - it contains science-backed information and resources that will allow you to make informed decisions about your treatment.

Migraine is complicated -

but luckily, those who suffer from it are some of the strongest humans on the planet! Once you have the right information, the right resources, and the support you really need, you'll be able to start seeing real improvements in your life.

The path to healing starts with learning what's going on in your head and why - and you're in the right place for that! Let's do this.

nutrition for your brain

CONTENTS

01 Types of Migraine

It's more than just a headache - types and frequency of migraine explained.

02 Migraine Phases

Ever had a "migraine hangover?" Learn about the three phases of an episode.

03 Common Triggers

Discover the possible contributing factors to your migraine episodes.

04 Threshold Theory

The reason behind why triggers seem so hard to pin down.

05 Treatment Options

Supplements, medications, diets, and more - how to heal.

06 What Now?

Ready to take action? Resources to help you heal.

Disclaimer: The following is intended for educational purposes only and does not claim to diagnose, treat, or cure any medical condition. The following does not substitute for medical advice or direction. Please consult your healthcare provider before making any changes to medications/treatments, physical activity, diet, or lifestyle.



Types of Migraine

Migraine isn't just a headache - it's a neurological disorder. While we used to think it was caused by dilation and constriction of the blood vessels in the brain, we now know it has more to do with nerve pathways and neurotransmitters, or brain chemicals.

We still don't know the exact cause behind migraine or how to cure it completely, but we do know that there seem to be a few different types of migraine. Do you know what kind you have?

Migraine Without Aura

Formerly called "Common Migraine", Migraine Without Aura is the most commonly seen type. Many people experience pain on just one side of their head, but it is not uncommon for pain to occur throughout the head and neck.

In addition to head pain, symptoms like nausea, vomiting, nasal congestion, moodiness, and sensitivity to light and sound are common.

Migraine With Aura

About a quarter of people with migraine experience aura, or "sensory disturbances". Along with the typical symptoms of migraine, people with aura may see zigzags, flashes of lights, blurry or blind spots, or what can be described as "TV static".

Aura can also include other neurological symptoms like numbness, tingling, or loss of certain motor functions. Aura usually happens shortly before or during a migraine episode, and can last anywhere from 10 to 30 minutes on average.

Silent Migraine

Also referred to as "Aura without headache", silent migraine can be particularly scary to experience. Someone with silent migraine will experience aura and other symptoms like nausea and vomiting, but in the absence of any head pain.

People with Silent Migraine are likely to experience other types of migraine too, like Migraine with Aura.

Vestibular Migraine

Vestibular Migraine occurs when a person has significant vestibular symptoms like dizziness, problems with balance, and motion sickness. These symptoms can occur with or without head pain.

Vestibular migraine may be misdiagnosed as Meniere's Disease, a condition of the inner ear. It is also possible for someone to suffer from both conditions, making diagnosis even more complicated.



Hemiplegic Migraine

If you've ever thought you were having a stroke during a migraine episode, you may have Hemiplegic Migraine. People with this type of migraine will experience weakness or numbness on one side of their body that may or may not be accompanied by aura.

Symptoms of a Hemiplegic Migraine go away with treatment of the migraine and are not permanent.

Retinal Migraine

A subtype of Migraine With Aura, Retinal Migraine occurs when aura symptoms occur in one eye only. People with Retinal Migraine may even lose sight completely in the affected eye.

It is particularly important to see a doctor if you experience Retinal Migraine, as vision loss experienced during episodes may become permanent.

Abdominal Migraine

Commonly experienced by children, Abdominal Migraine is a subtype of migraine that causes nausea, vomiting, and loss of appetite in the absence of headache. Pain is typically dull and occurs in the middle of the abdomen.

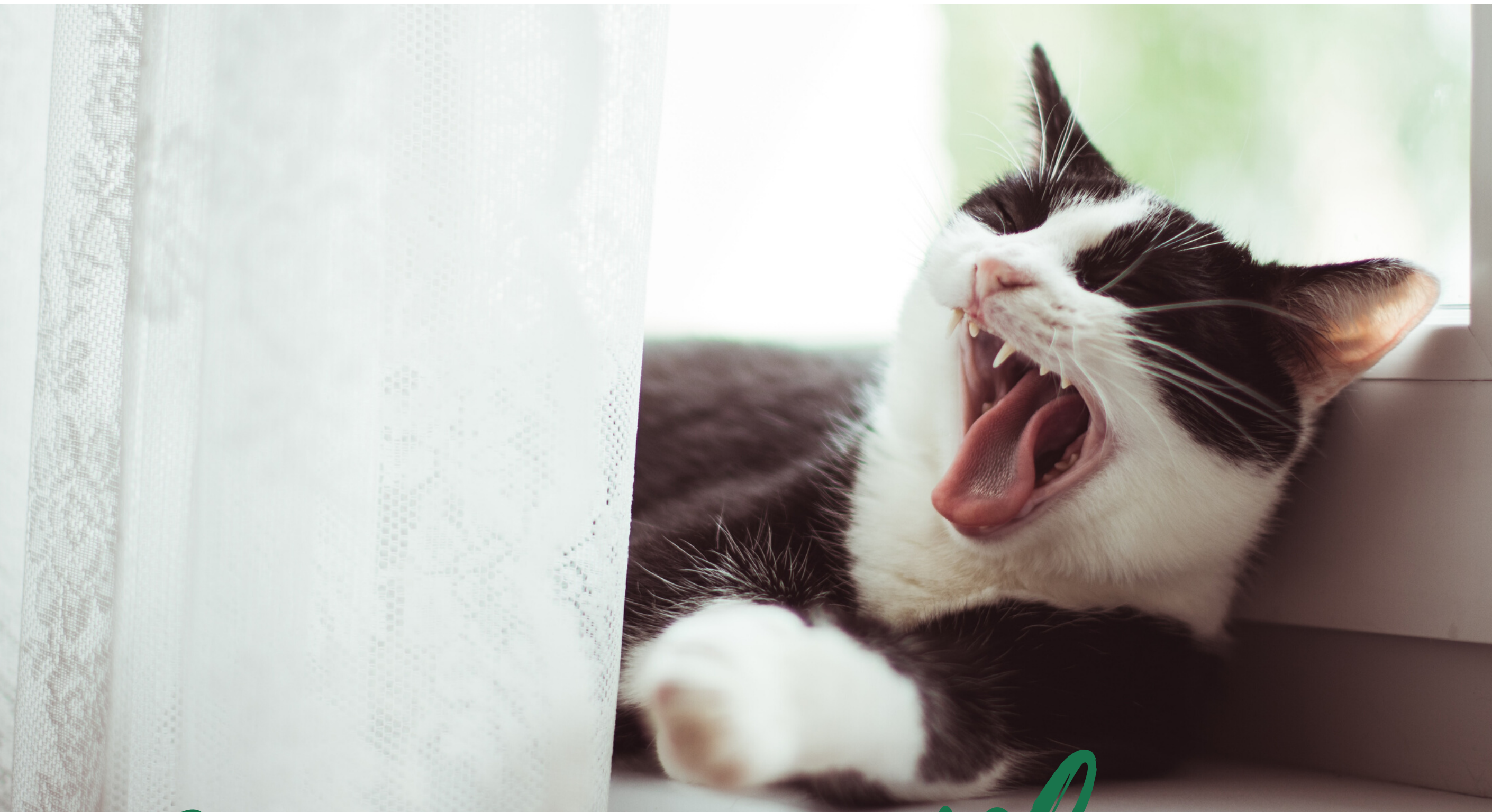
The majority of children with Abdominal Migraine go on to develop another form of migraine as they get older.

Frequency - Episodic vs Chronic

Most people with migraine are episodic, meaning they experience less than 15 migraine episodes per month. If you experience 15 or more, your migraine is considered chronic.

You may also hear the term Intractable Migraine, which is used for someone whose migraine symptoms never really go away. Intractable Migraine is particularly hard to treat and may be a sign of medication overuse.

There are many types and subtypes of migraine. Determining which type of migraine you have can help you receive appropriate treatment and reduce fear associated with some of the scarier symptoms. Remember, migraine symptoms are not permanent except for rare cases.



Migraine Phases

A migraine episode is more than just the episode itself - it is surrounded by a series of warning signs, called the "Prodrome", and a hangover, called the "Postdrome".

Prodrome:

Several hours to several days before the episode

The Prodrome period is your body's way of telling you a migraine episode is eminent, but it also gives you a chance to take action before things get bad. Symptoms often experienced during Prodrome include yawning, irritability, fatigue, brain fog, food cravings, sensitivity to light and sound, nausea, and difficulty sleeping. You may also experience aura during this time, a sign that an episode is less than an hour away.

The Episode:

Can last between 4 and 72 hours, on average

The Episode itself involves the classic symptoms of migraine: head pain, nausea and vomiting, nasal congestion, altered mood, and sensitivity to, well, everything.

Postdrome:

24 to 48 hours after the episode has resolved

Migraine doesn't end after the episode is over. The Prodrome period, or "migraine hangover", may leave you feeling fatigued, foggy, confused, and depressed or euphoric.

It is not uncommon for someone with chronic or near-chronic migraine to be constantly affected by one of these three phases, making it extremely difficult to experience a day fully free from migraine symptoms.



Common Triggers

Triggers are factors that raise the likelihood of a migraine episode occurring. Everyone has different triggers, but virtually universal ones include stress, lack of sleep, skipping meals, and dehydration.

Stress

**Bright
Lights**

Caffeine

Food

triggers / sensitivities

**Hormonal
Fluctuations**

**Loud
Sounds**

**Barometric
Pressure**

**Strong
Odors**

Dehydration

Too Much or Too Little

**Physical
Activity**

Medication

**Skipping
meals**

Sleep

Threshold Theory

One of the most important concepts of migraine treatment, the threshold theory explains how triggers build on one another and contribute to migraine symptoms collectively.

Migraine Threshold

If you have migraine, you have a migraine threshold - the point at which you experience a full blown episode. Some people have a low threshold, meaning they will experience a migraine episode when exposed to only a few triggers. If your threshold is high, you can have a day full of triggers before experiencing an episode.

Each trigger you encounter throughout the day - such as waking up earlier than usual, a stressful commute, or eating a trigger food - gets you closer to your threshold. The picture below shows a person who is very close to a migraine episode and is likely experiencing prodrome symptoms. The idea behind migraine treatment is to reduce the amount of triggers you are exposed to, raise your threshold, or ideally, both.

Contributing Factors

Things that contribute to your personal migraine threshold include:

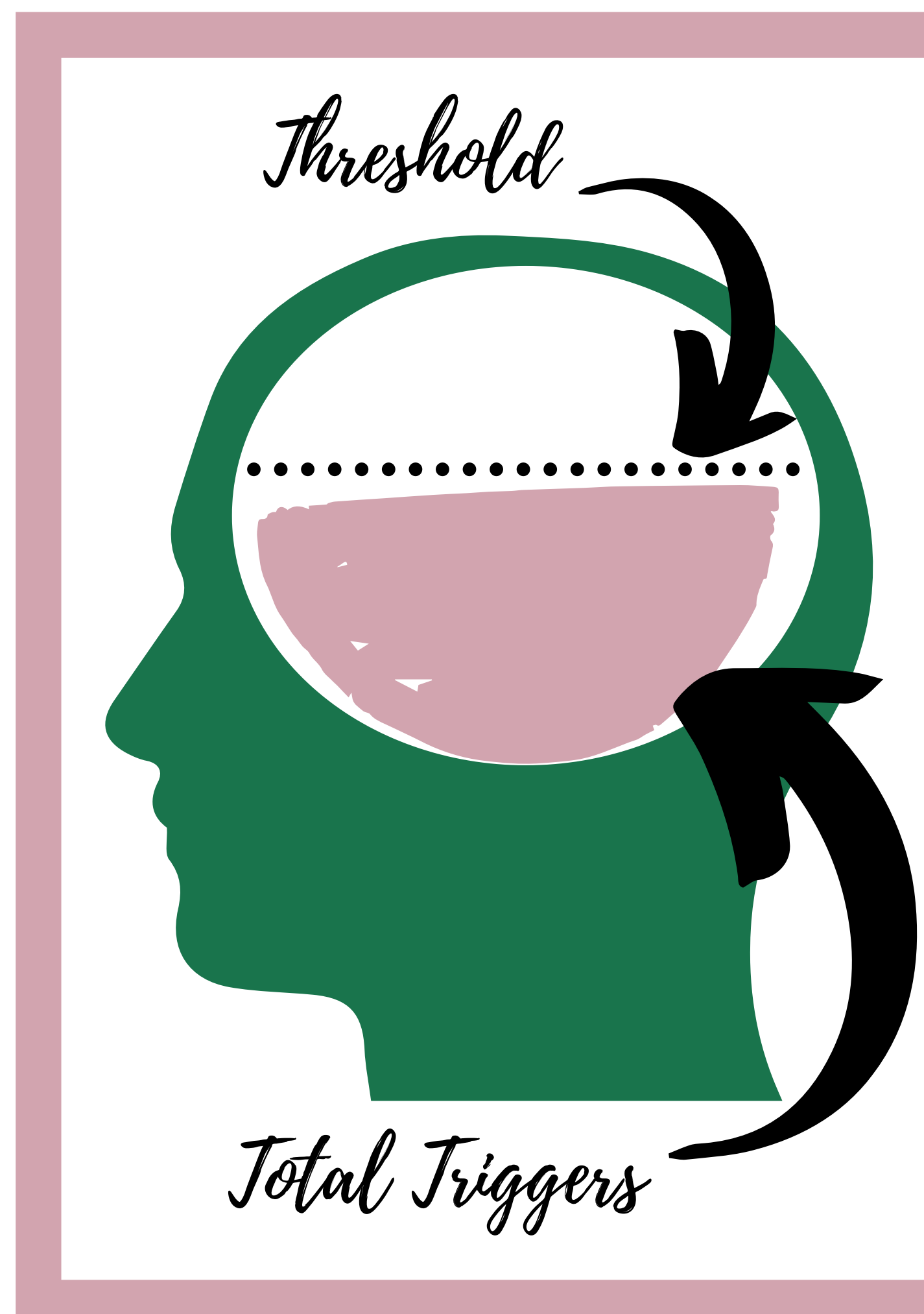
- Genetics
- Family history
- Hormonal imbalances
- Vitamin / mineral deficiencies
- Food sensitivities / leaky gut
- History of a head injury
- Use (or not) of preventative medications

Many of these factors - like family history - are very hard or impossible to control, which is why migraine treatment often focuses on reducing triggers. However, it is possible to raise your threshold by addressing certain factors.

Raising Your Threshold

To raise your threshold and increase the amount of triggers you can be exposed to before an episode occurs, you can:

- Address hormonal imbalances
- Correct deficiencies
- Identify food sensitivities
- Heal leaky gut
- Use a preventative medication





Treatment Options

Many people with migraine will require a multi-faceted approach to their migraine treatment. These are just a few of the options you have, and some of them you can even begin experimenting with today!

Over-the-Counter Medications

- Includes acetaminohin (Tylenol), ibuprofen (Motrin), Excedrine Migraine, and naproxen (Aleve).
- Can lead to medication overuse headaches, stomach ulcers, or organ damage if used too frequently.

Acute RX Medications

- Includes triptans (Maxalt, Imitrex), ergotamines, anti-nausea meds (Zofran, Phenergan), and opioids (codeine).
- Meant to be taken at the first sign of an episode; can lead to medication overuse headaches (excluding anti-nausea meds); opioids can lead to dependence.

Preventative RX Medications

- Includes CGRP-antagonists (Aimovig), beta-blockers (propanolol), anti-convulsants (Topamax), and Botox.
- Can take months to have full effect; individual response and tolerance varies greatly. Can have extensive and significant side effects.

Treatment Devices

- Includes Cefaly, eNeura, Nerivio, and gammaCore.
- Can be expensive and not covered by insurance; provide a non-drug approach to acute pain management with very minimal side effects.

Alternative Therapies

- Includes chiropractic, acupuncture, massage, and aromatherapy,
- Most have mixed results as to whether they work but come with minimal side effects. Look for a practitioner who has experience with migraine patients.



Psychotherapy

- Includes Cognitive Behavioral Therapy (CBT)
- CBT can reduce headache activity by 30-60%; can improve ability to cope with pain and manage migraine-related anxiety and depression

Sleep Hygiene

- Includes use of black-out curtains, cool sleeping temperature, and consistent sleep schedule
- Poor quality / inconsistent sleep is known to be a significant migraine trigger and can contribute to other conditions like depression and anxiety

Stress Reduction

- Includes meditation, yoga, journaling, prayer, deep breathing, and progressive muscle relaxation (PMR)
- Stress is hard to avoid, but learning multiple stress-management techniques can improve migraine symptoms and overall quality of life

Supplements

- Includes vitamins (Folate), minerals (Magnesium), herbals (Feverfew), and others (CoQ10)
- Many supplements like those mentioned above have been studied for their ability to improve migraine severity / duration; many have limited to no side effects

Dietary Changes

- Includes Elimination/Reintroduction diets, Avoidance diets, and Ketogenic diets
- Avoidance diets not recommended; Elimination / Reintroduction and Ketogenic diets can greatly improve symptoms; can be difficult to implement without proper support

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Now that you're empowered with science-backed info about migraine, it's time to take action!

Ready to push reset?

Continue to the next step in the MBM Reset - joining your fellow MBM sisters in our private Facebook group!

After that, you can continue on to Step One of the course: Reset Your Mind.

See you in the group!



Other Things You Can Do



Find a Headache Specialist

Check out the American Migraine Foundation's "Find a Doctor" tool to locate a headache specialist near you.

Find a Neurologist

If there is not a headache specialist available near you, a neurologist will be your best bet for appropriate medical management of migraine

Keep Reading

Check out The American Migraine Foundation, The Migraine Trust, and The Migraine Research Foundation to continue learning more about migraine.