



# MIGRAINE

## More than just a Headache

*When there is pressure or pain in the head, it can be difficult to tell whether sufferers are experiencing a typical headache or a migraine. Differentiating a migraine headache from a traditional headache, and vice versa, is important. It can mean faster relief through better treatments. It can also help prevent future headaches from occurring in the first place. So, how can we tell the difference between a common headache and a migraine?*

*Irish Pharmacy News spoke with Patrick Little, CEO of the Migraine Association of Ireland to find out more about the common differences in these 2 debilitating conditions.*



Patrick Little, CEO,  
Migraine Association of Ireland

### **What are the most common types of Headache Disorders in Ireland?**

"Migraine, tension type headache and New Daily Persistent Headache are the most common Headache disorders in Ireland. It is estimated that up to 90% of headache seen at GP level in Ireland can be attributed to migraine. "

### **What is Migraine and what is the prevalence of people living with Migraine in Ireland?**

"Migraine is a complex neurological disorder that affects 12 - 15% of the population. The World Health Organisation (WHO) classifies migraine

as the 3rd most disabling disease in the world for those under 50, and the 4th in the world for women. It affects people of all ages but is most common in those aged 20 to 50.

"Migraine is a 'hidden illness' meaning that between attacks sufferers can look well and healthy. The burden of migraine and other primary headache disorders should not be underestimated. They are associated with disability, pain, financial cost, and damaged quality of life."

\*Global Burden of Disease 2015 (Timothy J. Steiner, Lars J. Stovner and Theo Vos) <https://thejournalofheadacheandpain.springeropen.com/articles/10.1186/s10194-016-0699-5>

\*\*Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)32154-2/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)32154-2/fulltext)

### **What are the key symptoms of Migraine?**

"An individual attack can last anywhere between 4 and 72 hours, but effects may begin days before the attack and linger for days afterwards. A typical migraine attack consists of 4 - 5 phases. Each phase has different symptoms associated with it,

however, not everyone will experience all phases, nor all symptoms.

"Typical symptoms of migraine include a one-sided throbbing headache made worse by movement, nausea, vomiting, diarrhoea, confusion, dizziness, vertigo, brain fog, and, in rare cases, temporary paralysis and loss of speech. Sensitivity to light, noise and strong smells is also frequently reported. The headache may not be the most bothersome symptom."

### Who suffers from Migraine?

"Data suggests that between 12 - 15% of Irish people suffer from migraine – this means that roughly half a million people suffer from migraine in Ireland. It is estimated that migraine costs Irish businesses €252 million every year because of lost productivity with the average migraineur missing between 1.5 and 4.5 days from work annually. Despite these staggering figures migraine remains a misunderstood and under managed condition.

"All age groups suffer. Children as young as twelve months have been diagnosed. Three times more women than men suffer mainly due to hormonal changes. People who are subject to migraine come in a large variety of shapes, ages, temperament, and personalities. Migraine is hereditary in approximately 60% of cases."

### What are the key differences between Migraine and other Headache Disorders?

"Migraine generally features a one-sided throbbing headache which is episodic and lasts hours or even days with total freedom between attacks. The headache is normally worsened by movement or routine physical activity. Migraine has been likened to a power cut, as the whole body seems to shut down until the attack is over. The headache is of course just one of the symptoms, albeit the most well-known.

"An attack of migraine can be very frightening. The onset of classical Migraine (Migraine with Aura) may be signalled by visual disturbances in what is called the "aura" stage. This affects about 20% of migraineurs."

### What are the main triggers of migraine?

"Migraine triggers or trigger factors are rarely stand-alone causes for migraine, but they can help to bring about an attack. Triggers are highly individual and even the most common ones may not be detrimental to you at all. The most common triggers are:

- Stress
- hormonal factors in women
- not eating or skipping meals

- weather
- sleep disturbances
- odour
- neck pain
- light
- alcohol

Kelman L. The triggers or precipitants of the acute migraine attack. *Cephalalgia* 2007; 27:394–402. London. ISSN 0333-1024

### What key advice on OTC treatment selection should pharmacists offer those visiting the pharmacy who are living with a Headache disorder?

"Be aware of Medication Overuse Headache. Migraine sufferers are susceptible to it.

Use this Self-Assessment tool to see who is at risk:

#### SELF ASSESSMENT — Am I at risk of Medication Overuse Headache?

##### How many headache days do you suffer in a month?

A - 0-4 days per/month

B - 5-14 days per/month

C - 15 days or more per month

If:

A - Your risk of developing MOH is low as you need very little or no pain medication.

B - Your risk is higher due to the more frequent need for pain medication. Consult a pharmacist on options and how to use it more effectively. Limit medication use to 2 – 3 days per week.

C - Your risk is extremely high. Speak to your GP about a preventative medication and other options, e.g., Greater Occipital Nerve Block and a referral to one of the Migraine Clinics.

### What advice should pharmacists offer to customers living with Migraine?

"Look at the MAI website [www.migraine.ie](http://www.migraine.ie). Use a Migraine Diary available from MAI. It's a simple but effective way of managing your migraine. A migraine diary can help you to establish certain patterns in your attacks and show your doctor how effective your medication is.

"Migraine can be managed in many cases by using a combination of medication, lifestyle adjustments and some complementary therapies."

### What additional lifestyle advice should pharmacists offer to those living with Migraine?

"Migraine loves routine. A regular lifestyle can be helpful. Try to sleep and get up at the same time every day, even at weekends. Eat regularly and often, even if just a piece of fruit. Keep hydrated. Keep alcohol intake to a minimum. Studies show that regular, low-impact exercise can have a positive effect on migraine. Avoid your known triggers and avoid stress if possible."

### Can improving sleep prevent migraine attacks?

"Bad sleep hygiene can exacerbate or contribute to illness, including migraine and makes it more difficult to cope with.

"According to the American Migraine Foundation "People living with migraine are between 2 and 8 times more likely to experience sleep disorders, compared with the general public..."

"Healthy sleep is necessary for everyone to function properly. Our bodies need long periods of sleep to rejuvenate, grow, to heal and repair, and to synthesize hormones. REM sleep is important to your sleep cycle because it stimulates the areas of your brain that are essential for learning and retaining memories."

### When should those living with a Headache Disorder / Migraine be referred to their GP by their pharmacist?

- If they suspect Medication Overuse
- If migraine symptoms worsen or become more frequent
- If a patient has migraine symptoms, on 8 days a month or more
- If OTC medication doesn't work for them or they react badly to medication
- If any red flags point to an underlying condition

### When might a Headache be a sign of something else? (i.e., an underlying condition)

The red flags which point to further investigation include:

- Headache beginning after the age of forty
- Headache shortly after physical trauma
- Change in pattern of headache
- Prolonged aura or repetitive aura
- First/worst headache
- Headache triggered by coughing or sneezing
- Headache accompanied by a rash, fever and/or stiff neck



- Headache accompanied by shortness of breath or symptoms affecting eyes/ears/nose/throat
- Worsening headache
- Thunderclap headache (sudden onset, severe headache)

*\*Important to note: Headache is only one symptom of migraine and not always the dominant one. Therefore, pharmacists should refer their customer(s) to their*

*GP or a Headache Disorder / Migraine specialist to distinguish what the route problem is and rule out any potential underlying conditions if they find over the counter products have not been successful for their customer.*

MAI website [www.migraine.ie](http://www.migraine.ie) has lots of information and our social media channels have several videos on different migraine topics. Patients can sign up to receive a monthly Ezine with all updated

information on new developments and events run by MAI. The website also has a Healthcare Professional section and pharmacists can sign up to receive a regular Healthcare Professional Ezine. We also have an Information Line 1850 200 378 Monday-Friday 10.00-12.00 and 2.00-4.00. As staff are working from home during Covid restrictions it is better if people email us at [info@migraine.ie](mailto:info@migraine.ie) just now if they can.

What treatments are currently available for Migraine in Ireland?	
Medications	Acute: (triptans, analgesics and NSAIDs) Preventative (beta blockers, anti-depressants, anti-convulsants, calcium channel blockers, serotonin antagonists)
Supplements	Magnesium Vitamin B2 Riboflavin, Coenzyme Q10
Complementary Therapies	Acupuncture, Yoga, Buteyko Breathing, Biofeedback
Non-medicated Products	'Migrastick', 'Tiger Balm', 'Migracap', Hot and cold packs
Some Neuromodulation Devices	
Psychotherapy and Counselling	
New Migraine Medications - CGRPs	These been developed internationally and are currently available in at least 14 European countries but not yet in Ireland. We hope they will be available soon through the Migraine Clinics

## News

# Early Diagnosis is Key for 'Iron Overload' Gene

Haemochromatosis or 'iron overload' is Ireland's most common genetic condition. Early diagnosis is vital and if untreated can lead to organ damage or premature death. The Irish Haemochromatosis Association estimates there are at least 20,000 undiagnosed cases of Haemochromatosis in Ireland.

Haemochromatosis is more common in Ireland than anywhere else in the world, as one in five people carry one copy of the gene and one in every 83 Irish people carry two copies of the gene, predisposing them to develop iron overload.

This year, for World Haemochromatosis Awareness Week, 1st – 7th June 2021, the IHA aims to raise awareness of the condition and its symptoms in order to save lives. Several City and County Councils are supporting the campaign to 'light up red' several iconic public buildings during World Haemochromatosis Awareness Week, including Dublin's Mansion House, the Lord Mayor's residence in Dublin, the Dublin Convention Centre, Fingal County Hall, Cork City Hall and Limerick City Hall and Civic Bridges.

Commenting on the awareness drive for World Haemochromatosis Awareness Week, Dr Maurice Manning, Chair of the Irish Haemochromatosis Association and who himself has Haemochromatosis says, "Ireland has more cases than anywhere else in the world and we want everyone to understand what Haemochromatosis is and how important early diagnosis is. Although we remain in a pandemic, it is important that people don't ignore worrying symptoms, that they talk to their GP and arrange a blood test.

"Though life-threatening, once diagnosed before organ damage has occurred, Haemochromatosis can be successfully treated and patients go on to live their lives to the full, without any impact."

Professor Suzanne Norris, Consultant in Hepatology and Gastroenterology at St. James's Hospital says, "Ill-health from Haemochromatosis and the development of serious complications such as cirrhosis can be prevented by simple treatment and life expectancy in treated non-cirrhotic patients is normal. Early diagnosis is therefore critical."

The Irish Haemochromatosis Association was established over 21 years ago. Voluntary Board Member, Margaret Mullett, has worked tirelessly over many years with the IHA and supports patients and people who are newly diagnosed, through the charity's Helpline. Margaret who is a Dublin-based former chemistry teacher, sadly lost her husband, Dr George Mullett, to the condition. He was diagnosed with Haemochromatosis just six weeks before he died in June 2000, awaiting a heart transplant in the Mater Hospital.

All five adult children were then tested and were diagnosed with Haemochromatosis - by a strange coincidence Margaret also tested positive for Haemochromatosis. Margaret and

all five siblings have received treatment and are living their lives unaffected by the condition.



IHA Voluntary Board Member, Margaret Mullett, and her granddaughter Leah Mullett, both of whom carry the Haemochromatosis gene, pictured at Dublin's Mansion House one of several landmarks lit up red to mark the start of World Haemochromatosis Awareness Week