

# Headache Help:

Get relief from your migraine headaches



Headaches are nearly universal.

"Less than 5% of the population has never had a headache," shares **Philip A. Bain, MD, an Internal Medicine physician at Dean Health System** who specializes in the treatment of headaches.

Tension Type Headaches (TTH) – often called "regular" headaches – are the most common type of headache. Migraines come next, affecting about 28 million people in the United States alone. Approximately 6% of men and 18% of women suffer from migraine headaches. Yet, more than half of people with migraines never seek medical care.

"Migraines are very common and very treatable," says Dr. Bain. "Unfortunately, they are also often undiagnosed or undertreated. People really don't have to suffer through them anymore."

Dr. Bain urges people who suffer from migraine headaches to talk to their doctors and seek treatment. The goal is to control your headaches so they don't control you.

## What is a Migraine?



There is no specific test to diagnose a migraine. One of the best ways to define a migraine is to compare and contrast the symptoms of migraine to a tension headache.

### A REGULAR TENSION HEADACHE:

- generally occurs on both sides
- lasts from 30 minutes up to 7 days
- will slow you down, but not completely stop you
- feels like you're wearing a hat that's too tight, with a steady, pressing quality to the pain
- will usually present with mild to moderate intensity

### IN CONTRAST, A MIGRAINE IS CHARACTERIZED BY:

- one-sided pain that may spread to both sides
- duration of 4 to 72 hours
- moderate to severe pain intensity
- a pulsating quality, with pain worsened by common physical daily activities
- nausea or vomiting
- light and/or sound sensitivity
- a feeling of total disability during the migraine episode

In addition, about 15-20% of migraine sufferers experience an aura – most commonly visual – prior to the onset of pain or other symptoms.

If we're trying to determine whether you're experiencing a migraine or something else, we would look for the presence of disability, nausea, and light/sound sensitivity," Dr. Bain confirms. "If you have two of those three, there's a 93% chance it's migraine. If all three are present, the odds are 98%."

## Who Gets Migraines and Why?

While no one knows exactly why people get headaches, our knowledge and understanding is growing. In the past, we thought the pain came from blood vessels in and near the brain contracting and expanding. Now we know it's much more complicated than that. A **trigger** sets off a cascade of events involving blood vessels, nerve endings, and chemicals that activate different portions of the brain and brain stem.

"Not so long ago, we believed that only certain people got migraines," Dr. Bain explains. "Recent research shows that we all have the potential to get migraine headaches. It is just a matter of how much it takes to bring one on in each of us. We all have different thresholds or vulnerabilities to develop these headaches."

A few conditions that impact your likelihood of developing migraines include:

- **Gender.** Roughly three out of four people with migraines are women.
- **Age.** People most often (but not always) get their first migraine during puberty. In women, it is uncommon for migraines to continue after menopause.
- **Family History.** 80% of migraine patients have a first-degree relative (parent or sibling) who also gets migraines.

"If a genetically prone individual comes into contact with a common trigger, that person is much more likely to experience a migraine than someone with no genetic predisposition and a higher threshold," Dr. Bain relates. "The good news is you can raise your threshold through lifestyle changes or medication, if necessary."

## Prevention & Treatment

A trigger is something that will lower your threshold. Some common triggers include stress, caffeine, red wine, aged cheeses, chocolate, and beer. Since it is nearly impossible to avoid or eliminate all triggers – weather fronts or changes in estrogen

before menstruation, for instance – Dr. Bain recommends as much consistency in your daily activities as possible.

"The brain of a migraine sufferer does not like change," he continues. "You need stability, so eat right and don't skip meals, get a good night's sleep, exercise daily, and reduce stress as much as possible. Also if you are able to find specific triggers that often bring on the headaches, avoid them."

Medications for migraines have come a long way in the last 15-20 years.

"The class of drugs called the triptans have really revolutionized migraine treatment," Dr. Bain confirms. "The key is early treatment."

Treating a migraine can be likened to putting out a forest fire. It's much easier and more effective to extinguish a fire at the first sign of trouble rather than waiting until the flames are raging out of control.

Dr. Bain also encourages people to keep trying if their headache treatment isn't working effectively. Work with your doctor to determine which options will work best for you. "There's just so much we can do now," he claims. "If the first effort doesn't work, we need to keep trying until we find the right formula. You don't have to suffer."

For more information on **migraines or any of our headache specialists**, visit:

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