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ABOUT MIGRAINES

What is a migraine?

A migraine is not just a bad headache. It is an intense, throbbing pain. Migraines can also cause nausea and sensitivity to light and sound. Most experts agree that migraine pain is caused by swollen blood vessels around the brain and certain nerves in the brain. However, the exact cause of migraines is not known.

Think your headaches might be migraines?

Find out [how a headache differs from a migraine](#). Another way to see if you get migraines is to [answer some simple questions](#). Then share the answers to these questions with your doctor.

Migraines and Triggers

The more you know about migraines and their triggers, the better you can manage them. So why not learn about the [different types of migraines](#). Plus [what can trigger your attacks](#).

You are not alone

If you suffer from migraines, sometimes you may feel like you are the only one who gets them. But that could not be further from the truth. More than 28 million Americans get migraines, so you are far from being alone.

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ABOUT MIGRAINES - IS YOUR HEADACHE A MIGRAINE?

A migraine is more than just a bad headache. Migraine attacks cause terrible, throbbing pain, usually on one side of your head. Migraines also cause the following symptoms:

- Nausea.
- Sensitivity to light and sound.
- Aura. An aura is a “feeling” or series of sensations that come before a migraine attack. These sensations can include changes in your vision, such as seeing bright lights, jagged lines or blind spots.

Left untreated, migraines can last from 4 hours to 3 days.

Other types of headaches include:

Cluster headaches

- Severe, usually around or behind one eye.
- They may also cause tears, a stuffy or runny nose, flushing, swelling of the eyelid on same side as the pain.
- They can last from a few minutes to over 2 hours.
- They can hit up to 8 times in a single day.
- Hit you in “clusters” over a period of a few weeks to several months.

Tension headaches

- They create a feeling of pressure or tightening on both sides of your head.
- The pain is usually mild to moderate.
- They last from just a few minutes to a few days.
- They occur several times per month.

Sinus headaches

- They cause pain behind the forehead, cheeks and around the eyes.
- The pain varies from mild to severe.
- The pain may be worse in the early morning.
- Other symptoms include fever, a stuffy nose feeling tired, swollen lymph nodes and a green or yellow discharge from your nose. Many people who think they have sinus headaches don't have these symptoms. Often, they just have pain high in their cheeks. It is more likely that they actually get migraines.
- According to a recent study, 9 in 10 “sinus headaches” are really migraines. It is important to note that RELPAX does NOT treat these types of headaches.

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ABOUT MIGRAINES - TYPES OF MIGRAINES

Are all migraines the same?

Quite simply, some people experience aura before a migraine attack, and some do not. An aura is a “feeling” or a series of sensations that come before a migraine attack (see below).

Migraine without aura:

- 7 out of 10 people who get migraines do not get auras.
- This is the most common kind of migraine.
- It can include terrible throbbing pain and sensitivity to light and sound.
- It can also include nausea.

Migraine with aura:

- 3 out of 10 people who get migraines have auras. This type of migraine has all the symptoms of a regular migraine, plus aura.
- An aura tends to appear right before a migraine hits, and can include seeing bright lights, jagged lines or blind spots.
- Auras usually last less than an hour. The most common symptoms of an aura include:

Visual changes:

- Seeing flashing lights.
- Seeing jagged lines.
- Blurred vision or blind spots.
- Difficulty in focusing.


Changes with your body or senses:

- Numbness or tingling of the lips, face, or hands on 1 or both sides.
- Weakness in the arms or legs, usually on 1 side of the body.

Speech or language changes:

- Not being able to understand words.
- Not being able to speak normally/at all.

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ABOUT MIGRAINES - MIGRAINE TRIGGERS

Know your triggers

A trigger is something that can cause a migraine. A trigger can be anything, from an aged cheese to getting your period. As you can see below, there are several types of migraine triggers.

Food and drink triggers:

- Foods and drinks that contain additives, such as MSG (MonoSodium Glutamate). Plus artificial sweeteners.
- Chocolate.
- Aged cheeses, like cheddar and parmesan (processed cheeses, such as American, are usually okay).
- Alcohol.
- Caffeine withdrawal caused by cutting way back on caffeine. Or suddenly not having any caffeine at all. Caffeine is found in coffee, tea and most soft drinks.

Hormonal and atmospheric triggers:

- Sudden changes in hormones before or during your period.
- Weather changes, such as falling temperatures. Or changes in humidity.
- Changes in air pressure, for example, when you are flying in a plane.

Stress and sleep triggers:

- Being worn out from too much activity, lack of sleep, or even too much sleep.
- Stress and worry during or after a stressful event.

To find out what your migraine triggers are, [keep a migraine diary](#). Then share your diary with your doctor at your next appointment. Doing this will help you and your doctor find out what triggers your migraines.

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ABOUT MIGRAINES - MIGRAINE SIGNS AND SYMPTOMS

The difference between a sign and a symptom

A migraine sign is an early warning that a migraine is about to strike. A migraine symptom is what happens to you when you are having a migraine attack.

Signs that a migraine is coming

Most migraines come on without warning. However, sometimes you may get early warning signs that a migraine is about to hit. Some of the most common signs are:

- Suddenly feeling tired.
- Suddenly feeling full of energy.
- Feeling sad.
- Craving certain foods.
- Repeated yawning.
- Blurred vision, seeing blind spots, flashing lights and/or jagged lines.
- Problems focusing eyes.
- Numbness or tingling of the lips, face or hands.
- Weakness in the arms or legs.
- Problems remembering and understanding information.
- Problems saying words and making sentences.
- Loss of speech.
- Problems understanding people speaking to you.
- Seeing flashing lights and/or seeing jagged lines.


Symptoms that occur when you're having a migraine attack

It can be tricky to tell the difference between a migraine and a headache, unless you know what to look for. These are the most common migraine symptoms:

- Throbbing pain, usually on one side of your head, which can keep you from doing everyday tasks.
- Sensitivity to light.
- Sensitivity to sound.
- Nausea.

Why migraines signs and symptoms can be hard to identify

Migraine signs and symptoms can vary from person to person. They can also vary from one attack to another, even in the same person. Now that you have read this information, talk to your doctor and ask if RELPAX is right for you.

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ABOUT MIGRAINES - MIGRAINE MYTHS

There are lots of myths about migraines. To learn the truth about migraines, read on.

Myth:

A migraine is just a bad headache.

Fact:

A migraine is more than a bad headache. Migraine attacks cause terrible, throbbing pain, usually on one side of your head. Migraines also cause symptoms, such as nausea and sensitivity to light and sound.

Myth:

Migraines do not need to be taken that seriously.

Fact:

Migraines are a true medical problem. They are as real as arthritis or diabetes.

Myth:

There is not much you can do about migraines. You just have to learn to live with them.

Fact:

Migraines cannot be cured, but in most cases, they can be controlled. There are two ways to do this. One is to avoid your triggers. The other is to treat your attacks with a proven medication, like RELPAX.

Myth:

Migraines are so bad that something must be terribly wrong with you.

Fact:

This simply is not true. It is thought that chemicals in the brain affect your brain's blood vessels, causing migraines. That's all.

Myth:

Migraines are just another excuse to leave work early or take the day off.

Fact:

Migraines are a genuine reason to take time off from work. They are just as real a problem as diabetes. Migraine attacks can easily stop you from being able to do even the simplest tasks.

Myth:
Migraines are due to allergies.

Fact:
There is no link between allergies and migraines. Both allergies and migraines are very common. So while you might have both, one doesn't cause the other. It is just a coincidence.

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ABOUT MIGRAINES - 9 OUT OF 10 SINUS HEADACHES ARE MIGRAINES

9 in 10 sinus headaches really migraines

WebMD

By: Daniel DeNoon

Reviewed by: Branilda Nazario, MD

WebMD feature

Published: June 10, 2004

Got a bad sinus headache? Odds are, it is really a migraine. If your head hurts, does it really matter what you call it? Yes, says headache specialist Eric Eross, DO, associate consultant in neurology at the Mayo Clinic in Scottsdale, Ariz. People spend lots of money on over-the-counter “sinus headache” remedies. But they get little relief, Eross says, until they get proper treatment for migraine.

“The vast majority of people with self-diagnosed sinus headache have migraine,” Eross tells WebMD. “These individuals often have a delay in getting a correct diagnosis. On average, they waited 25 years. These are headaches affecting people in the prime of their lives. The vast majority had severe disability.”

Eross and colleagues advertised a free evaluation to people suffering from “sinus headaches.” They signed up the first 100 people, and gave them a rigorous 1.5-hour evaluation. It turned out 90 of the 100 patients were really suffering from migraines. Eross presented the findings at this week’s meeting of the American Headache Society in Vancouver, British Columbia, Canada.

What is a sinus headache?

If you have an active sinus infection, your head hurts. Typical symptoms include fever, swollen lymph nodes, and a green or yellow nasal discharge. But most people who think they have sinus headaches don’t have these symptoms – just pain high in their cheeks. They likely have migraines, Eross says.

What do sinus doctors think?

It is a controversial issue, says Bradley Marple, MD, chair of the rhinology and paranasal sinus committee of the American Academy of Otolaryngology – Head and Neck Surgery (AAO-HNS), and vice chair of the department of otolaryngology at the University of Texas Southwest Medical Center in Dallas.

“This is a really difficult and controversial area right now. It hasn’t completely been resolved,” Marple tells WebMD. “There are headaches caused by sino-nasal disease. There is also a whole host of other types of headaches. It is difficult to clinically separate the two. But I think it is credible that, if you do thorough neurological exams on sinus headache patients, you may find a number have other types of neurogenic headaches.”

There are many types of primary headaches officially recognized by the International Headache Society. Sinus headache (without an infection) is not one of them. On the other hand, they do recognize headaches attributed to infections as a cause of headaches.

But Eross says that one in 10 patients actually does seem to have what he calls a NIRSH – a non-infectious rhino-sinus headache.

Eross says that mild cases of NIRSH may be common. Since they're mild, headache specialists rarely see them. And Marple says that patients suffering disabling pain from these rhino-nasal headaches may get relief from surgery.

“In studies where researchers diligently ruled out migraine and cluster headache and other neurogenic headaches – that one out of nine patients in the Eross study – if you do surgery on them, there appears to be a real improvement,” he says.

Getting the right help

If you are missing work or your child is absent from school because of a sinus headache, you need professional help. But which professional you see makes a difference.


The 100 patients in the Eross study went to an average of four doctors each – and still went on suffering. Relatively few got to a headache specialist: 64% saw their family doctor, 59% saw an ear-nose-throat (ENT) specialist, 25% saw an allergist, and only 19% saw a neurologist.

“Among folks who saw neurologists, 83% got a [correct] migraine diagnosis,” Eross says. “Among those who saw ENTs, only 8.1% got a migraine diagnosis. Only 6.3% got a migraine diagnosis from an allergist.”

Most health plans require patients to see a general practitioner first. Eross says it is important to ask for a referral to a headache specialist if you get frequent or disabling headaches. Eross ended up treating about half of the “sinus headache” patients in his study. “Most of them have dramatically improved with migraine management,” he says.

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