Migraines

A migraine is a brain disorder that makes people predisposed to frequent headaches. If you have the usual (classic) signs of a migraine you are highly unlikely to have a tumour or stroke.

10 to 15% of people have migraines. It is thought to be a genetic disorder that makes your nervous system hypersensitive and vulnerable to 'triggers'. These triggers may be one of the reasons you get headaches. A 'trigger' is something that can set off a headache. Triggers for migraine may include alcohol, caffeine, chocolate, MSG, hormonal changes, bright lights, loud noise, weather, stress, or mood changes.

1 to 3% of people suffer from chronic migraines. Chronic migraine is a term to describe headaches that occur at least 15 days each month with 8 migraine-type headaches per month. About half of chronic migraine sufferers will have headaches caused by overusing certain pain medications.

Treatment is available to reduce the number and severity of your headaches – learn more by discussing this with your primary care provider (family doctor or nurse practitioner).

This document focuses on the management of an episode of migraine that began recently (acute).



What to Expect

Migraine headaches are moderate to severe, throbbing headaches that usually affect one side of your head. They often cause nausea and/or vomiting as well as sensitivity to light and sound. 70% of people have warning signs before the headache – yawning, irritability, fatigue and change in appetite. 30% of people will have changes in their sensations (called an aura) usually affecting their sight, such as dark or coloured spots, or sparkles of zig-zag lines. Others experience ringing in the ears, dizziness, or even difficulty speaking. These symptoms can last 5 to 60 minutes.



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Recommended Follow-Up

Follow up in ___ days.

Name of Provider Reason Date/Time Location Contact Info

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Migraines Discharge Instructions - continued

Migraine headaches usually last 4 to 72 hours without treatment. After the headache, you may have changes in your mood, feel tired or notice a change in your appetite.



When to Get Help

Go to the nearest Emergency Department or Urgent Care Centre if:

- Your headache gets worse or is different from your usual migraine.
- You develop unusual changes in your vision, balance or arms and legs.
- Your headache starts suddenly and is severe.
- You develop neck stiffness or a fever.

Go to a walk-in clinic, your health care provider, or call 811 (711) if:

- Your headache persists or is worsening in 7 days.
- Your headache that you have had for weeks gets worse after coughing, exertion, straining or a sudden movement.

To Learn More:

- Ask your health care provider.
- HealthLinkBC call 8-1-1 (7-1-1 for deaf or hard of hearing) or go online to <u>www.HealthLinkBC.ca.</u>



How to Care for Yourself at Home

Treat your headaches as soon as you possibly can. Delaying treatment makes it more likely that you will not get full relief, and that the headache will come back.

If you take acute pain/headache therapies more than 2 days per week, you can get a medication overuse headache.

In general, if you have migraines, you should avoid opioids or narcotics, as there is risk of dependance and developing medication overuse





Notes:

headaches. There are other medications effective for migraines, consult with your healthcare provider for more information.

SOME STEPS YOU CAN TAKE

- Keep a headache diary to learn what your possible triggers are to try to avoid them.
- Maintain a healthy sleep routine (at least 6-8 hours).
- Exercise and eat a healthy diet.
- Limit caffeine use as it can contribute to developing headaches.
- Keep hydrated by drinking at least 8 cups of water a day.
- Manage stress, try cognitive behavioural measures or relaxing activities (e.g., walking, swimming, meditation, etc.).
- Relaxation therapy may be helpful. There are many good websites with more information.
- Biofeedback.

See "Additional Information" for more information on the steps above.

Medication



• If you have been told to take medications, follow the instructions carefully. Check the bottle of the medication you have purchased for instructions.

IBUPROFEN (E.G., ADVIL®, MOTRIN®)

- 200-400 mg every 6-8 hours as needed while awake, taken with small snack (max: 1200mg/day).
- Avoid taking this medication for longer than 5-7 days. See your primary care provider if you need to use this for longer.
- Avoid this medication if you are >65 years old, pregnant, or have the
 following conditions: severe liver or kidney disease, peptic ulcer
 disease, or heart failure. Speak to your primary care provider before
 taking this if you have a history of stroke, GERD, inflammatory
 bowel disease, liver cirrhosis, or ischemic vascular disease.

ACETAMINOPHEN (E.G., TYLENOL®)

• 500-1000 mg every 4-6 hours as needed while awake, with water (max: 4000mg/day).





Migraines Discharge Instructions - continued

If you have liver disease or drink over 3 alcoholic beverages per day:

- Maximum dose: 3000mg per day.
- Do not use this medicine for longer than 5-7 days. Speak to your primary care provider if you need to use this for longer.

Be careful not to exceed the maximum dose when taking this medication with other medication that contain acetaminophen (e.g., Dayquil/Nyquil®).

TRIPTANS (E.G., SUMATRIPTAN)

Medications called triptans make your blood vessels narrower. Your care provider will **NOT** use them if you have a history of heart attack, stroke, severe uncontrolled blood pressure, or are pregnant.

ANTI-NAUSEA MEDICATIONS

Your healthcare provider may recommend a medication for nausea (e.g., Gravol[®], metoclopramide).

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Additional Information

- For more information on headache diaries, see: https://migrainecanada.org/diaries/
- For more information on improving your sleep, see: https://www.healthlinkbc.ca/ill nesses-conditions/fatigue-andsleep/sleeping-better
- For more information on managing stress, see: https://www.heartandstroke.ca/ /healthy-living/reduce-stress/manage-your-stress/
- For more information on Biofeedback, see: https://www.healthlinkbc.ca/he alth-topics/biofeedback

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