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# Migraine

**Q: What is migraine?**

**A:** Migraine is a medical condition. Most people who suffer from migraines get headaches that can be quite severe. A migraine headache is usually an intense, throbbing pain on one, or sometimes, both sides of the head. Most people with migraine headache feel the pain in the temples or behind one eye or ear, although any part of the head can be involved. Besides pain, migraine also can cause nausea and vomiting and sensitivity to light and sound. Some people also may see spots or flashing lights or have a temporary loss of vision.

Migraine can occur any time of the day, though it often starts in the morning. The pain can last a few hours or up to one or two days. Some people get migraines once or twice a week. Others, only once or twice a year. Most of the time, migraines are not a threat to your overall health. But migraine attacks can interfere with your day-to-day life.

We don't know what causes migraine, but some things are more common in people who have them:

- Most often, migraine affects people between the ages of 15 and 55.
- Most people have a family history of migraine or of disabling headache.
- They are more common in women.
- Migraine often becomes less severe and less frequent with age.

**Q: How common are migraines?**

**A:** Migraine pain and symptoms affect 29.5 million Americans. Migraine is the most common form of disabling headache that sends patients to see their doctors.

**Q: What causes migraines?**

**A:** The exact cause of migraine is not fully understood. Most researchers think that migraine is due to abnormal changes in levels of substances that are naturally produced in the brain. When the levels of these substances increase, they can cause inflammation. This inflammation then causes blood vessels in the brain to swell and press on nearby nerves, causing pain.

Genes also have been linked to migraine. People who get migraines may have abnormal genes that control the functions of certain brain cells.

Experts do know that people with migraines react to a variety of factors and events, called triggers. These triggers can vary from person to person and don't always lead to migraine. A combination of triggers—not a single thing or event—is more likely to set off an attack. A person's response to triggers also can vary from migraine to migraine. Many women with migraine tend to have attacks triggered by:

- lack of or too much sleep
- skipped meals
- bright lights, loud noises, or strong odors
- hormone changes during the menstrual cycle



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- stress and anxiety, or relaxation after stress
- weather changes
- alcohol (often red wine)
- caffeine (too much or withdrawal)
- foods that contain *nitrates*, such as hot dogs and lunch meats
- foods that contain MSG (monosodium glutamate), a flavor enhancer found in fast foods, broths, seasonings, and spices
- foods that contain *tyramine*, such as aged cheeses, soy products, fava beans, hard sausages, smoked fish, and Chianti wine
- aspartame (NutraSweet® and Equal®)

To pinpoint your migraine triggers, keep a headache diary. Each day you have a migraine headache, put that in your diary. Also write down the:

- the time of day your headache started
- where you were and what you were doing when the migraine started
- what you ate or drank 24 hours before the attack
- each day you have your period, not just the first day (This can allow you and your doctor to see if your headaches occur at the same or similar time as your period.)

Talk with your doctor about what sets off your headaches to help find the right treatment for you.

**Q: Are there different kinds of migraine?**

**A:** Yes, there are many forms of migraine. The two forms seen most often are migraine with aura and migraine without aura.

Migraine with aura (previously called classical migraine). With a migraine with aura, a person might have these sensory symptoms (the so-called “aura”) 10 to 30 minutes before an attack:

- seeing flashing lights, zigzag lines, or blind spots
- numbness; or tingling in the face or hands
- disturbed sense of smell, taste, or touch
- feeling mentally “fuzzy”

Only one in five people who get migraine experience an aura. Women have this form of migraine less often than men.

Migraine without aura (previously called common migraine). With this form of migraine, a person does not have an aura but has all the other features of an attack.

**Q: How can I tell if I have a migraine or just a bad tension-type headache?**

**A:** Compared with migraine, tension-type headache is generally less severe and rarely disabling. Compare your symptoms with those in the following chart to see what type of headache you might be having.

## FREQUENTLY ASKED QUESTIONS



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SYMPTOM	TENSION	MIGRAINE
<b>Intensity and quality of pain</b>		
Mild-to-moderate	x	x
Moderate-to-severe		x
Intense pounding or throbbing and/or debilitating		x
Distracting, but not debilitating	x	
Steady ache	x	x
<b>Location of pain</b>		
One side of head		x
Both sides of head	x	x
<b>Other symptoms</b>		
Nausea, vomiting		x
Sensitivity to light and/or sounds	rare	x
Aura before onset of headache		x

Note: Rebound headache may have features of tension and/or migraine headache

Adapted from a table produced by the American Council for Headache Education

Although fatigue and stress can bring on both tension and migraine headaches, migraines can be triggered by certain foods, changes in the body's hormone levels, and even changes in the weather.

There also are differences in how types of headaches respond to treatment with medicines. Although some over-the-counter drugs used to treat tension-type headaches sometimes help migraine headaches, the drugs used to treat migraine attacks do not work for tension-type headaches for most people.

You can't tell the difference between a migraine and a tension-type headache by how often they occur. Both can occur at irregular intervals. Also, in rare cases, both can occur daily or almost daily.

### **Q: How can I tell if I have a migraine or a sinus headache?**

**A:** Many people confuse a sinus headache with a migraine because pain and pressure in the sinuses, nasal congestion, and watery eyes often occur with migraine. To find out if your headache is sinus or migraine, ask yourself these questions:

In addition to my sinus symptoms, do I have:

1. moderate-to-severe headache
2. nausea
3. sensitivity to light

If you answer "yes" to two or three of these questions, then most likely you have migraine with sinus symptoms. A true sinus headache is rare and usually occurs due to sinus infection. In a sinus



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infection, you would also likely have a fever and thick nasal secretions that are yellow, green, or blood-tinged. A sinus headache should go away with treatment of the sinus infection.

**Q: When should I seek help for my headaches?**

**A:** Sometimes, headache can signal a more serious problem. You should talk to your doctor about your headaches if:

- you have several headaches per month and each lasts for several hours or days
- your headaches disrupt your home, work, or school life
- you have nausea, vomiting, vision, or other sensory problems (such as numbness or tingling)
- you have pain around the eye or ear
- you have a severe headache with a stiff neck
- you have a headache with confusion or loss of alertness
- you have a headache with convulsions
- you have a headache after a blow to the head
- you used to be headache-free, but now have headaches a lot

**Q: What tests are used to find out if I have migraine?**

**A:** If you think you get migraine headaches, talk with your doctor. Before your appointment, write down:

1. how often you have headaches
2. where the pain is
3. how long the headaches last

4. when the headaches happen, such as during your period
5. other symptoms, such as nausea or blind spots
6. any family history of migraine
7. all the medicines that you are taking for all your medical problems, even the over-the-counter medicines (better still, bring the medicines in their containers to the doctor)
8. all the medicines you have taken in the past that you can recall and, if possible, the doses you took and any side effects you had

Your doctor may also do an exam and ask more questions about your health history. This could include past head injury and sinus or dental problems. Your doctor may be able to diagnose migraine just from the information you provide.

You may get a blood test or other tests, such as CT scan or MRI, if your doctor thinks that something else is causing your headaches. Work with your doctor to decide on the best tests for you.

**Q: Are migraine headaches more common in women than men?**

**A:** Yes. About three out of four people who have migraines are women. Migraines are most common in women between the ages of 20 and 45. At this time of life women often have more job, family, and social duties. Women tend to report more painful and longer lasting headaches and more symptoms, such as nausea and vomiting. All these factors make it hard for a woman to fulfill her roles at work and at home when migraine strikes.



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**Q: I get migraines right before my period. Could they be related to my menstrual cycle?**

**A:** More than half of migraines in women occur right before, during, or after a woman has her period. This often is called “menstrual migraine.” But, just a small fraction of women who have migraine around their period only have migraine at this time. Most have migraine headaches at other times of the month as well.

How the menstrual cycle and migraine are linked is still unclear. We know that just before the cycle begins, levels of the female hormones, estrogen and progesterone, go down sharply. This drop in hormones may trigger a migraine, because estrogen controls chemicals in the brain that affect a woman’s pain sensation.

Talk with your doctor if you think you have menstrual migraine. You may find that medicines, making lifestyle changes, and home treatment methods can prevent or reduce the pain.

**Q: Can migraine be worse during menopause?**

**A:** If your migraine headaches are closely linked to your menstrual cycle, menopause may make them less severe. As you get older, the nausea and vomiting may decrease as well. About two-thirds of women with migraines report that their symptoms improve with menopause.

But for some women, menopause worsens migraine or triggers them to start. It is not clear why this happens. Menopausal hormone therapy, which is prescribed for some women during menopause, may be linked to migraines

during this time. In general, though, the worsening of migraine symptoms goes away once menopause is complete.

**Q: Can using birth control pills make my migraines worse?**

**A:** In some women, birth control pills improve migraine. The pills may help reduce the number of attacks and their attacks may become less severe. But in other women, the pills may worsen their migraines. In still other women, taking birth control pills has no effect on their migraines.

The reason for these different responses is not well understood. For women whose migraines get worse when they take birth control pills, their attacks seem to occur during the last week of the cycle. This is because the last seven pills in most monthly pill packs don’t have hormones; they are there to keep you in the habit of taking your birth control daily. Without the hormones, your body’s estrogen levels drop sharply. This may trigger migraine in some women.

Talk with your doctor if you think birth control pills are making your migraines worse. Switching to a pill pack in which all the pills for the entire month contain hormones and using that for three months in a row can improve headaches. Lifestyle changes, such as getting on a regular sleep pattern and eating healthy foods, can help too.

**Q: Can stress cause migraines?**

**A:** Yes. Stress can trigger both migraine and tension-type headache. Events like getting married, moving to a new home, or having a baby can cause stress. But studies show that everyday







