Migraine Prevention Tips

Foods
Many foods and drink are migraine triggers. There may be times you are sensitive to such triggers, and other times you are not. Common triggers include red wine, smoked or processed meats, chocolate, aged cheeses, citrus fruits, nuts, MSG and aspartame. Missing meals and fasting can also trigger migraines.

Exercise
Exercise is beneficial to reducing the incidence of migraines. It promotes good blood flow and stress reduction. Over doing exercise, however, can trigger attacks.

Stress Reduction
Stress is a potent trigger for migraine. This may also include good stress such as buying a house or getting married. Often migraines will occur after the stress is released (i.e., after the big presentation). Exercise, meditation, yoga, and massage are some ways to reduce stress and improve migraines.

Hormones
Hormones can be potent migraine triggers. Migraines around the menstrual cycle, with changes such as menopause, or with medications such as birth control pills are common. Talk with your doctor about regulating hormone levels.

The Academic Difference

The Medical College of Wisconsin Otolaryngology physicians and professionals have specialized training in treating disorders of the ear and hearing system. Our group has studied disorders of dizziness and have been speakers and instructors at courses and conferences related to these disorders. We have had years of clinical experience treating ear-related dizziness. This expertise provides the patient access to the most up-to-date techniques and treatments for dizziness and its associated symptoms. The partnerships between the Medical College of Wisconsin and Froedtert Hospital and Children’s Hospital of Wisconsin ensures that the best minds and best clinical services work together to provide the best care possible.

A Guide to Vestibular Migraine

What is Vestibular Migraine?
Symptoms and Treatment

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Vestibular Migraine

Most people hear “migraine” and immediately think “headache”. But migraine is more than that. Migraine is a neurological condition that affects the activity of brain cells and can affect almost any part of the body. Most often it affects sensory systems like pain, vision, smell, hearing and balance.

Many people are familiar with migraine effects on vision in which sufferers experience flashing lights, blind spots, or zigzagging lines. Patients may develop retinal migraine in which these visual complaints are the only symptoms; that is, there is no associated headache.

Similarly, many migraines come with vestibular symptoms. These may include vertigo, dizziness, imbalance, or feeling “off”. They may come without headache, but are often associated with head pressure or neck discomfort. They may occur in patients who have previously had more classic migraines including those with visual symptoms. Migraines often run in families and a close relative with migraines (with or without dizziness) is common.

The International Headache Society and the Barany Society (an International organization dedicated to vestibular disorders) recently released a consensus statement recognizing and providing diagnostic criteria for vestibular migraine. It is estimated that as many as 1 in 100 people suffer from this disorder making it one of the most common causes of dizziness.

Vestibular Migraine

The hallmark of vestibular migraine is having at least 5 episodes of vestibular symptoms of moderate to severe intensity with each lasting from 5 minutes to several days. Vestibular symptoms may include vertigo, a sense of movement, that may be:

- Internal, a sense of self-movement felt within one’s head, sometimes described as “swimming”
- External, a false sense that the surrounding environment is spinning or moving

Other common vestibular complaints are dizziness with a change in head position or with head movement. Visually-induced vertigo is common in vestibular migraine. Patients note that certain visual stimuli such as watching a train pass, going into a grocery store, or long computer use can cause a dizziness sensation. Vestibular symptoms can last seconds, minutes, hours or days.

Hearing complaints are common during an attack. Patients may experience discomfort with sound. Some patients note hearing loss during an attack. It is important to distinguish whether this is in one or both ears. Both ears are more characteristic of vestibular migraine. It is also important to distinguish whether there is a true drop in the ability to detect sound (things get quieter) or if there is a difficulty in processing what people are saying or what is going on around you. Processing problems are more characteristic of vestibular migraine.

Common Symptoms

Treatment

Vestibular migraine is a form of migraine and best addressed by physicians commonly treating such disorders. Many primary care physicians treat migraine and neurologists are specially trained in migraine treatment. Despite numerous publications regarding vestibular migraine it may be difficult to find a knowledgeable treating physician. Often it is useful to direct treatment toward reducing any headache complaints and the vestibular symptoms typically improve as well.

Migraine can be treated with abortive or prophylactic medications. Abortive medications are taken at the time of an attack to shorten the duration and reduce the severity. These are not particularly useful for vestibular migraine as the dizziness comes on quickly and early in the attack. Prophylactic medication is taken daily to reduce the frequency and severity of attacks. Topiramate, tricyclic medications and calcium-channel blockers have frequently been effectively used. A vestibular suppressant can be added to reduce the sensitivity to visual and motion stimuli. This includes medication such as low-dose valium or clonazepam.

Vestibular therapy can be useful in migraine. Habituation exercises can reduce the sensitivity to motion and visual triggers. Such therapy for migraine can initially provoke dizziness and takes time and perseverance to improve.