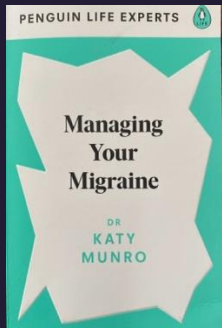




BUSINESS ANALYSIS CONFERENCE EUROPE

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Dr Katy Munro

GP Headache Specialist
Host of 'Heads Up' podcast
Author: 'Managing Your Migraine',
Penguin Life Expert series

National Migraine Centre
www.nationalmigrainecentre.org.uk

About the National Migraine Centre

- **Charity** established over 40 years ago - no NHS support
- **Video** or telephone consultations
- People with migraine can **refer themselves or their children**
- **Pre-pay or donation basis** – not-for-profit
- Mainly GPs with specialist training in managing Migraine & other primary headaches
- Our podcast, **Heads Up**, has had over 250,000 downloads



What's the difference between a headache and migraine?

Headache is a symptom that may be caused by:

- Infection e.g meningitis, Covid
- Tumour
- Trauma
- Primary headache disorder



There is **no such thing** as a 'normal headache'

The symptom of headache needs a **diagnosis**

What's the difference between a headache and migraine?

Migraine is a diagnosis

Symptoms of migraine may include:

Headache

And many others....



Migraine symptoms

- Headache
- Nausea and Vomiting
- Visual disturbances
- Neck pain
- Dizziness
- Brain fog
- Cognitive difficulties
- Word finding problems
- Tinnitus
- Numbness
- Aural fullness
- Sleep disturbance

- Constipation
- Changes in urination
- Abdominal pain

Heightened sensitivity :

to sensory inputs like

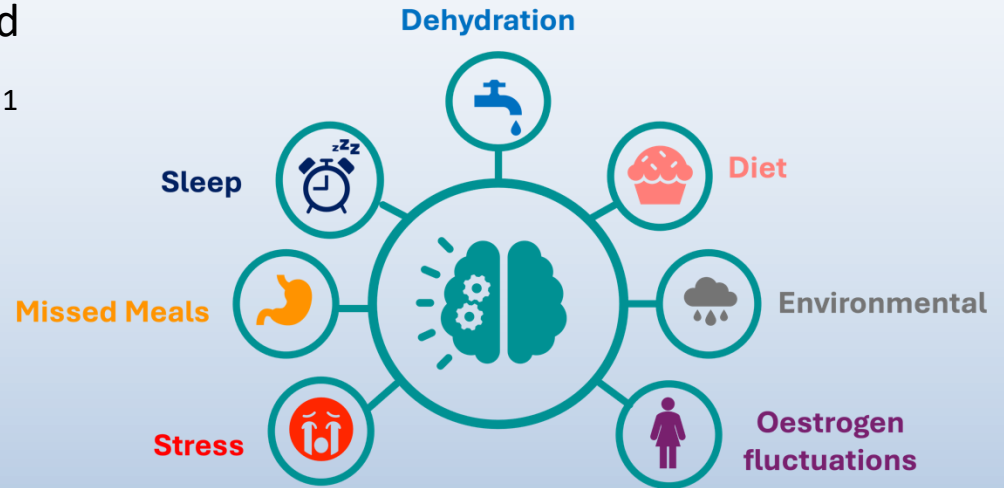
- light
- sounds
- smells
- touch –allodynia
- movement
- etc,etc

What is migraine?

‘Migraine at its core is a **complex** and **multifaceted** condition of the brain.’¹

Genetic factors may determine susceptibility to migraine ²

Different **Environmental factors** (epigenetics) can contribute to the development of a migraine attack ²



Adapted from National Migraine Centre.
Migraine Triggers Factsheet [online].

1. Goadsby PJ et al. Pathophysiology of Migraine: A Disorder of Sensory Processing. *Physiol Rev.* April 2017. 97(2): 553–622
2. Andreou AP et al. Mechanisms of migraine as a chronic evolutive condition. *The Journal of Headache and Pain.* 2019; 20(1): 117
3. Figure adapted from National Migraine Centre. Migraine Triggers Factsheet. Available at: <https://www.nationalmigrainecentre.org.uk/understanding-migraine/factsheets-and-resources/migraine-triggers> (Last accessed July 2024)

Migraine attacks can vary

- An **attack** of migraine may affect the whole body
- Migraine is lifelong but attacks **vary** in impact, frequency and severity throughout life
- Attacks can start at any age
- Symptoms may change with age
- Tends to improve with age



Migraine attacks may be mild!

Migraine is a **spectrum** condition

Attacks may

- occur rarely, occasionally, frequently to daily
- be mild to very severe
- last a couple of hours to several days or even weeks

Common myths:

- 'Just the normal headaches everyone gets' **WRONG**
- 'If it's not a severe headache, it can't be migraine'. **WRONG**
- 'If you can push through the pain & keep going, it can't be migraine'. **WRONG**
- 'Kids don't get migraine'. **ABSOLUTELY WRONG**



There are different types of migraine: ICHD-3

- Migraine without aura
- Migraine with aura
- Vestibular migraine
- Menstrually-related Migraine
- Abdominal migraine
- Migraine aura without headache
- Hemiplegic migraine
- Retinal migraine

Why worry about Migraine?

It's more common than epilepsy, asthma & diabetes added together ²

1:7 people get migraine (1:5 women, 1:15 men)

15% of the population in the UK affected

3:1 women : men

Many women find migraine worsens in the perimenopause

11% of children (50% never get a diagnosis)

1.M Ashina..Katsarava Z, et al. *The Lancet* .2021; 397: 1485–95 2. https://migrainetrust.org/wp-content/uploads/2021/09/Dismissed-for-too-long_Recommendations-to-improve-migraine-care-in-the-UK.pdf

Migraine impact

Negative impact on home, work and social life¹

- 80% of people report having to cancel plans
- 52% report that it impacts on ability to think clearly and focus on daily life

Negative impact on relationships¹

- 1 in 5 relationships break down

Reduced work productivity and professional achievement²

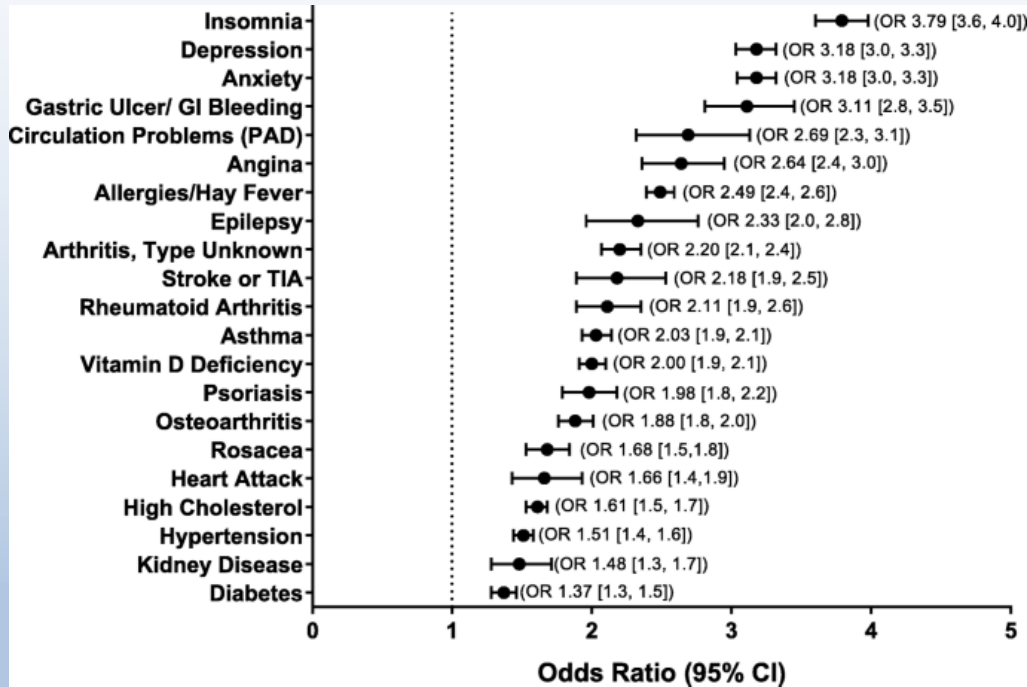
- 70% of people report difficulty concentrating at work

On our economy - £9.3 billion per annum (Work Foundation report 2018)

1. Begasse de Dhaem O, et al. Migraine in the workplace. *eNeurologicalSci*. 2022;27:100408



Some Migraine Co-morbidities



Fibromyalgia ²

Restless legs ³

Hypermobility ⁴

IBS ⁵

Adverse Childhood
Events ⁶

Key: IBS = Irritable bowel syndrome

Adapted from Buse, D.C., et al., J Headache Pain 21, 23 (2020)

1. Buse et al. Comorbid and co-occurring conditions in migraine and associated risk of increasing headache pain intensity and headache frequency: results of the migraine in America symptoms and treatment (MAST) study. *Headache. The Journal of Headache and Pain.* 2020; 21:23

2. Penn et al. Bidirectional association between migraine and fibromyalgia: retrospective cohort analyses of two populations. *Epidemiology Research.* 2019; 9: 4

3. Schürks et al. Migraine and restless legs syndrome: A systematic review. *Cephalalgia.* 2014; 34 (10): 777-794

4. Neilson et al. Joint Hypermobility and Headache: Understanding the Glue That Binds the Two Together— Part 1. *Headache. The Journal of Headache and Pain.* 2014; 54 (8): 1393-1402.

5. Lau et al. Association between migraine and irritable bowel syndrome: a population-based retrospective cohort study. *European Journal of Neurology.* 2014; 21 (9): 1198-1204.

6. Mansuri et al. Adverse Childhood Experiences (ACEs) and Headaches Among Children: A Cross-Sectional Analysis. *Headache. The Journal of Headache and Pain.* 2020; 60 (4): 735-744

Women play a central role in society

Women are **care givers** to people in their families and communities

Women dominate our **public sector** workforce:

- Healthcare 74%¹
- Social care 82%²
- Education 79%³

20% of total NHS workforce are women of menopausal age⁴

‘Caring for and supporting women with migraine benefits everyone’

Dr Dawn Buse MD

1. <https://www.kingsfund.org.uk/insight-and-analysis/data-and-charts/nhs-workforce-nutshell#demographics>
2. <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/>
3. <https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/school-teacher-workforce/latest/>
4. <https://www.strategyunitwm.nhs.uk/publications/menopause-and-nhs-workforce>

Migraine can be considered a disability

- In top 10 disabling conditions in the world (WHO GBD2016 survey)
- 2nd highest cause of Years lived with disability (YLD) worldwide
- Leading cause of YLD in **women 15 – 49** ¹
- Under the Equality Act (2010), employers must make 'reasonable adjustments' for employees who have **severe** migraine attacks which are **occurring frequently**
- **Schools** must make Health Care plans for kids with Chronic migraine

How long does a migraine attack last?

Attacks may last a couple of hours or up to 7 days

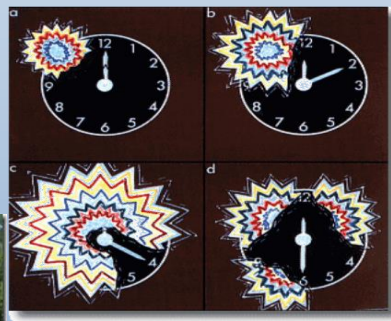
There are four phases to an attack

- Prodromal or premonitory phase – up to 48 hours
- Aura phase – 1 hour
- Headache or impact phase – up to 3 days
- Postdromal phase – up to 48 hours

Aura: only 25% of people with migraine get this

Starts and finishes within an hour before the pain starts

- Blind spots
- Bright, wavy lines
- Zigzag patterns –coloured or black & white
- Flashing lights
- Hallucinations of smell or hearing
- Tingling
- Distorted size of objects



Is it migraine? Some clues

History is crucial to the diagnosis

Headache diaries can be really helpful – impact, patterns

Family History: 80-90% of people have a family history of migraine
(but may not know it!)

- Migraine is very common but **underdiagnosed**
- Tension headache is **over-diagnosed**
- **Sinusitis or neck problems** are often diagnosed when actually migraine
- **Stress** can aggravate migraine but is never the sole cause!

Do You have migraine?

Ask yourself these 3 questions:

In the last 3 months:

- i. Has a headache limited your activities for a day or more?
- ii. Are you nauseated or sick to your stomach when you have a headache?
- iii. Does light bother you when you have a headache?

81% predictive if Yes to 2

93% if Yes to all 3

Also – do you prefer to stay still? Are you worse around your period?

Looking after your Wellbeing can really help

Lifestyle – to do list!

Prioritise gut health and good nutrition

- eat regularly, never skip meals
- low GI, slow-release energy foods

Prioritise good quality and sufficient sleep

- keep to a routine sleep pattern, beware the lie-in
- avoid excess caffeine – but it's complicated!
- beware alcohol

Prioritise general fitness

- regular exercise – start slow
- lift weights

Prioritise self-care and self-compassion

- stress management and reduction – mindfulness, yoga, expressive writing
- plan ahead around high-risk times e.g travel, weddings, Christmas



Migraine Management: Hormones

Oestrogen changes are a major contributory factor to women's migraine attacks

- Puberty
- Menstrually-related attacks
- Pregnancy
- Perimenopause



Smoothing out hormonal fluctuations can be helpful:

- Contraceptive pills (but non-oestrogen-containing if aura)
- Transdermal HRT Oestrogen
- (with progestogen if uterus present, to protect the lining of the womb)



Migraine Management: Workplace Help

High impact migraine is a **disability** and is covered by the Equality Act
Impact may be from severity, frequency or specific symptoms

- **Sickness policies** need to understand the nature of migraine – exclude short, frequent absences
- Involve **Occupational Health** services
- **Reasonable adjustments** may make a huge difference

Reasonable adjustments might include:

- Time out to take medication, eat and hydrate
- Understanding of the sensory difficulties of migraine
- Adjusting the physical working environment – reducing light glare and flicker
- Consideration by colleagues - perfume
- Allowing flexible working - time and place
- Allowing time off for health care appointments

Migraine Management: Prevention

Supplements:

- Magnesium (glycinate, malate, threonate, citrate)
400mg -600mg at night for at least 3 months
- Vit B2 Riboflavin
400mg daily for at least 3 months
- Co-enzyme Q10
300mg daily for at least 3 months
- Vitamin D
at least 1000iu daily in winter and indoor summer days –everyone in UK
- Omega 3
1000mg daily or eat lots of oily fish

Migraine Management: Prevention

Largely the same for all migraine types

Medication:

- Borrowed from other conditions e.g amitriptyline, beta-blockers, (topiramate)
- New 'life-changing' anti-CGRP medications - gepants.

Injections:

- Greater occipital nerve blocks
- Botox (Onabotulinum toxin A)
- anti-CGRP mono-clonal antibodies

Neuro-modulation devices:

- Cefaly Dual uses electrical stimulation
- Nerivio
- (sTMS mini uses magnetic pulses)

Vestibular rehabilitation for vestibular migraine

Acupuncture, hypnotherapy




HRT and hormones for women



Migraine Management: Acute attacks

Treat early: right medication, right dose, right place



-  **Anti-sickness:** also helps absorption of painkillers
-  **Simple painkillers:** but never opioids like Codeine
-  **Triptan:** there are 7 different triptans
 - If one doesn't suit you, ask to try a different one!
 - Very useful for headache and maybe dizziness
 - Different formulations – tabs, melts, sprays, injections
 - Not licensed over 65 and caution if heart disease and in the elderly

New **gepant** medication may be prescribable by GPs soon

Cefaly Dual neuro-modulation device

Changing the Face of Migraine Treatment

THE GEPANTS

- Rimegepant for acute attacks and prevention of episodic migraine
- Atogepant for prevention of episodic and chronic migraine
- (Ubrogепant and Zavegepant for acute attacks –in USA)



How we talk about migraine is important.
We need to reduce misunderstandings & stigma

LOSE THE 's'

Migraine is a Primary Headache disorder

Talk about **People with migraine** ✓

not 'migraine sufferers' or 'migraineurs' ✗

Talk about **Migraine attacks or episodes** ✓

not 'migraines' ✗

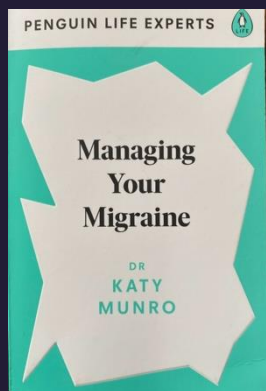
We don't say 'How are your asthmas? or epilepsies!'

Any questions?

Help support our
charity.
Donate here:



Get back
to living



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