Charity Information & Migraine Clinics

Our mission statement is: To relieve the burden of headache by facilitating informed awareness and encouraging research.

Migraine Action was founded in 1958 as the British Migraine Association by the late Peter Wilson MBE. Its objectives include:

- the provision of understanding, reassurance and information to migraineurs, their families and friends;
- raising general awareness of the condition;
- the support of specialist migraine clinics;
- research and investigation into migraine, its causes, diagnosis, prevention and treatment;
- facilitating the exchange of information relating to migraine.

President: Mary Ayres

Committee: The committee members are the trustees of the charity. They are responsible for the governance of MA and the management of its affairs.

Association Chairman: Adrian Peasgood

Association Deputy Chairman: Linda Hunter

Trustee Members: Zoe Addie, Michael Albinson, Jenny Hennah, Heather Lally, Graham Smith, Margaret Walker

Management Team: The management team undertakes the day to day running of MA and is directly responsible to the Committee.

Director: Joanna Hamilton-Colclough

Head of Membership: Demelza Burn

Office Team:

PR Manager: Rachel Markham

Finance & Admin Support: Roshni Mistry

Membership Support Officer: Reena Kanabar

Membership Support Officer: Fazila Patel

Admin & Marketing Support: Stella Powell

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MIGRAINE CLINICS

Patients must first obtain a referral letter from their GP before requesting an appointment for many of these clinics or hospitals.

<table>
<thead>
<tr>
<th>Location</th>
<th>Clinic Name</th>
<th>Contact Details</th>
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<tbody>
<tr>
<td>Nottingham</td>
<td>Nottingham University Hospital</td>
<td>Tel: 0115 924 9954</td>
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<tr>
<td>Manchester</td>
<td>Manchester Royal Infirmary</td>
<td>Tel: 0161 206 4610</td>
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<tr>
<td>Southend</td>
<td>Southend University Hospital</td>
<td>Tel: 020 8399 711</td>
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More MIGRAINE CLINICS can be found on the Migraine Action website: www.migraine.org.uk
From the Director

I have now been in post almost two months here at Migraine Action. From trustees to members and also supporters of the charity, I have been welcomed by all into the family of migraineurs. In the last edition of the newsletter, the previous director Lee Tomkins spoke about a new era of austerity and how it is easy to only think of worries and our problems and forget to celebrate the good things in life too. I can report that the response I have received from you all at Migraine Action has been a reward in itself despite the difficult issues the charity currently has to deal with.

Throughout the newsletter you will see that whilst we are always looking at ways we can provide support for patients and their families, the financial climate threatens our ability to keep doing so without a concerted effort to raise additional funds. Migraine Action is now in the position of having to raise over £300,000 each year from donations, fundraising and other activities to be able to continue to provide our services. You can donate on our website www.migraine.org.uk/donate.

Fundraising needs to develop within the organisation. Please look at our website and you too can support the staff as they try to kick start our campaign this year. If you wanted to take on a personal challenge, throughout the newsletter we give you ideas of how you might do that. You can also organise an event yourself on our behalf - hold a **Coffee morning in Migraine Awareness Week** for us, this would be a great start. If we could find 53 members to hold a coffee morning in September (to celebrate our 53rd anniversary) that would be very worthy of media coverage!! Every penny raised really will make a difference - from a few pounds raised with friends in your kitchen and garden to a bigger event held in the community.

We will provide as much support as we can to those who wish to help us raise funds. From simple advice and tips to bespoke materials to help you promote your event. If you have any ideas for raising funds, or want to organise an event for us, we’d love to hear from you; please do get in touch.

I know from those of you I have had the opportunity to meet and speak with, that our members and other people appreciate and value the work of the charity. A big thank you from our very small staff team here in Leicester for all of your help.

**Joanna Hamilton-Colclough**
**Director**

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Les Charlton - Chairman, OUCH (UK) Organisation for the Understanding of Cluster Headache

We are saddened by news of the death of Les Charlton, Chairman of OUCH (UK) on 30th April 2011 at the age of 65 years. He had been ill for the past 18 months and had endured a terminal illness with courage and dignity. Migraine Action offers sincere condolences to his family.

Cluster headache sufferers will mourn the loss of this compassionate and committed man. As Chairman of OUCH (UK) his work with the group and members of the medical profession had been vigorous and inspirational. His personal knowledge of cluster headaches enabled him to empathise with the many problems encountered by fellow sufferers, give practical help, support the newly diagnosed and above all, offer hope for a better outcome.

Under the leadership of Les Charlton the charity has flourished; his work will surely be continued in the same vigorous manner.

**Mary Ayres**
**President**

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Charitable legacies are a decision made in your lifetime but only activated upon your death. Here at Migraine Action we are hoping to influence people to think about legacies as a way of supporting our work.

However, our first obstacle is to persuade our supporters that they should make a will. It perhaps won’t come as a surprise to you reading this but two thirds of the population of Great Britain do not have a will. People do not make a will for a range of reasons, a couple of these being: ‘I’ve nothing to leave’ and ‘my wife/husband will get it anyway when I go’.

A will is not just about money, it’s about what happens to your possessions (e.g. your estate) including any money. If someone dies intestate (without a will), it can cause a great many complications for those left behind and often the deceased has more than they thought especially with pension schemes, life insurance policies, etc.

Also, if there is no will then there is no way that a charity can benefit from someone’s estate on their death, even if relatives knew that their loved ones had received a huge amount of support from the organisation and they know their loved ones would have wanted to leave the organisation a gift.

At Migraine Action we rely heavily on legacies – or ‘gifts in peoples’ wills’. The money left to the organisation helps us to provide our much needed information and membership support via our helpline. If you want to discuss leaving us a legacy, please give us a call and we will send you our information booklet; we would love to hear from you. Your support now and in the future is most welcome.

Many charities engage in ‘silent’ fundraising i.e. securing funds from statutory bodies, the Lottery funds, grant-making trusts and foundations. However, at Migraine Action we recognise that in these difficult economic times that we now need to undertake ‘traditional’ fundraising activities, such as collections, running raffles, holding events, etc.

In the newsletter we are giving out the message loud and clear that we are a charity and that we need money. Our silent fundraising in the past may have given you the impression that we have enough money. The reality is that we are a small charity which depends heavily on the help and support of our members.

### Giving in lieu

In the town where I live, it is now 2 years since a local young soldier called Aidan was killed in Afghanistan. On the anniversaries of his death, birthday, Christmas, etc. a variety of flowers and other gifts are placed by the town memorial statue. There is a need in our society, part of the grieving process bereavement counsellors would tell us, to do this sort of thing. I understand this as I also am a mother.

Many charities have turned this need into something positive. A donation to a charity is a very special way to remember the life of someone close, such as a relative or friend and since Aidan’s premature death, a charity has been set up in his memory. Our family supports this charity, as I also have a son in the British Army who was injured in Afghanistan a week before Aidan died.

As a charity, Migraine Action is very happy to receive a one-off gift in memory of a loved one but we also want to give people an opportunity to set up a tribute fund. A tribute fund is usually part of a way of remembering someone who has died and each tribute fund bears the name of a loved one that someone wants to remember; anyone can donate to a tribute fund. Here at Migraine Action we want to give people the option to donate in memory of, or in honour of a loved one. Please get in touch if you would like further information about setting up a tribute fund.

Joanna Hamilton-Colclough
Director

Appeal for fundraising volunteers

Here at Migraine Action fundraising volunteers now need to be recruited, inducted and supervised in order to ensure our charity starts to raise the funds we need to continue the work we do.

In order to recruit fundraisers from our membership we need to ask you to think about:

- What would you be looking for from the role?
- What expectations and aspirations do you have?
- What do you want / need from us?
- What do you want to achieve and how much money do you want to raise?
- What are you going to do?
- What other resources will you need?
- How do you want us to use the funds you raise for us?

If you could help us with our fundraising in any way please do get in contact with us.
Migraine and Jaw Tension

How can my headache be related to my teeth?

Migraine can be triggered by problems with the teeth and jaw, and a symptom of temporomandibular joint disorder (TMD). Clenching the jaw or grinding the teeth, especially whilst asleep, can trigger attacks; some people have noted an improvement after being fitted with a dental splint to wear overnight.

Problems with the alignment of the teeth or jaw can also be implicated, but rectifying this can require substantial remedial work by a specialist and could involve the fitting of braces. A neuromuscular dentist is specially trained to treat TMD and can relieve symptoms including headaches and migraines.\(^1\,\text{[1.]}\)

Your bite (occlusion) can be a factor in many types of pain or functional problems because of the inter-relationship of the overall musculoskeletal system. Since there is a relationship between the teeth, jaw joints, head and neck muscles and head posture, an improper bite often plays a significant role in the symptoms of TMD.

There are several types of headaches that have shown good response to neuromuscular dental treatment. These include sinus, frontal, temporal and occipital headaches and migraines.

TMD and migraine headaches are closely linked by the trigeminal nerve (Cranial Nerve V), which is also responsible for jaw and tooth junctions. Treating TMD frequently helps with migraine headaches by relieving the triggers that set them in motion. Even hormonal and chemically induced migraines can be reduced by turning down the nervous system activity. \(^{[1.]}\)

The “Teeth-Muscles-Joint” system

It is helpful to understand the way your teeth-muscles-joint system works. The teeth dominate the system because we need our teeth to come together to be able to chew and swallow. The joints and muscles accommodate to bring the teeth together. If a person has a bite that places the joints and muscles out of position, symptoms like headache, clicking and popping in the jaw joint, jaw joint pain, clenching and grinding occur.

What does neuromuscular treatment involve?

To reach a diagnosis, the neuromuscular dentist will consider all of the information gathered in taking your history and undertake a thorough physical examination and analysis of your teeth, head and neck as well as data from any indicated tests.

After having identified that the occlusion is the most likely cause of the symptoms, the dentist will relax the muscles and record the new jaw position. This is stabilised using an orthotic (a virtually invisible appliance that fits over the top of the lower teeth, gently repositioning the jaw).

Now that the new bite has been established and the jaw is in the ‘ideal’ position, most, if not all of the symptoms, should resolve.

Research

In a US study of 313 patients with TMD symptoms, patients were treated with orthotics to position the mandible (lower jaw) in the neuromuscular rest position. Patients reported symptoms relief, including reduction of headaches and other pain symptoms. Treatment results assessed from patient questionnaires showed 86% of patients reported improvement or cure of headaches after one month and 92% after three months. \(^{[2.]}\)

Another study, designed to document frequency and range of various symptoms of head and neck pain and dysfunction, involved 68 patients in whom headache was the most common symptom. Treatment results showed 97% were completely or largely symptom free following treatment. \(^{[3.]}\)

Over 80% of 1182 people treated for TMD at the Myofacial Pain / TMJ Clinic of the New York Eye and Ear Infirmary and in private practice reported headache as a symptom. After neuromuscular dental treatment, 67% reported improvement or cure of headaches with treatment after one month and 78% after three months. \(^{[4.]}\)

Limited research has also suggested that migraine can be triggered by the mercury in fillings and some people have benefited by having the mercury removed and replaced by alternative materials which are considered safer.

If you feel that your migraines could be linked to TMD, contact your dentist and book a consultation appointment. Unfortunately, none of these treatment options are usually available on the NHS and dental charges will vary across the UK depending on whether your dentist is private or NHS.

References

1. Web resource: www.ihateheadaches.org
2. Cooper B., Kleinberg I., Establishment of a temporomandibular physical state with neuromuscular orthosis treatment affects of TMD symptoms in 313 patients. J. Craniomandibular Practice, 2008; 26(2) 104-115
Treatment News

Active Release technique

There are many important nerves in the neck and head, that wind along layers of muscles to provide sensory and motor information for the most important part of our body: the head. When there are muscular imbalances in the head and neck as a result of stress, poor posture, prolonged tension, etc., one or more of these nerves can become trapped in the muscles, leading to headaches which are often experienced as migraines or migraine-like. These nerve entrapments lead to light sensitivity, nausea, headaches on only one side of the head, headaches which start in the back of the scalp and move to behind the eye, and pain behind or above the ear.

Active Release Techniques® (ART) is a patented, state of the art soft tissue system, in which the practitioners are trained to diagnose abnormalities within muscles and nerves. By accurately detecting and treating areas of dysfunction, an ART practitioner can release these nerves from any entrapments in a relatively short treatment period time, usually 4 - 8 sessions of between 20 and 30 minutes each.

A typical Active Release treatment begins with a history and precise diagnosis of the condition, in order to locate the exact nerve that is causing the problems. Active Release Techniques® is so precise that it specifically addresses over 500 soft tissue structures (muscles, nerves, ligaments, tendons, and fascia) in the body, based upon the biomechanical actions and orientation in the body. The practitioner will then manually locate the exact point of entrapment and move affected structures through their full range of motion. This also serves to confirm the diagnosis, if the entrapment has been located symptoms will often be recreated for a few seconds.

Special offer for MA members in Cardiff

All Migraine Action members have been offered £5 off an initial treatment by Active Release Wales. For more information please visit www.activereleasetechnique.co.uk or call Joseph Wolf on 07561 318095 quoting 'Migraine Action'.

Hypnosis can help to relieve migraine pain

A study reported in the International Journal of Clinical and Experimental Hypnosis comparing the treatment of migraine by hypnosis against prescription medication (prochlorperazine), showed that the number of migraine attacks were far lower for those who received hypnotherapy, compared to those who received medication. Some people stopped getting migraines altogether.

How hypnosis helps migraineurs is not fully understood; however, it is thought that under hypnosis participants enter a trance-like state, feel deeply relaxed, more focused and are open to suggestions whereby they can learn to control muscle contraction and the swelling up of blood vessels in the brain. In this relaxed state, the therapist may ask participants to focus on other images that can help to alleviate migraine symptoms and triggers, such as stress, which can be hidden in our subconscious mind and block head pain.

When used to treat migraine, hypnosis is used as part of an overall treatment plan, with the hypnotherapist taking on board various factors, such as how disabling your migraine is, how you cope with it, how often you get attacks and design a treatment plan appropriately.

Various techniques can be used by hypnotherapists to help treat migraines, such as ‘hand warming’ and ‘glove anaesthesia’. These techniques are said to help migraineurs take control of their pain by helping them to transfer warmth or numbness to their head, where the pain is. Some therapists use Neuro-Linguistic Programming (NLP) to help dissipate pain and teach self-hypnosis techniques to help prevent a full blown migraine attack.

There is currently no legislation controlling hypnotherapy, therefore when choosing a hypnotherapist, ensure they are registered with a professional association, such as The General Hypnotherapy Register www.ghsc.co.uk.

Therapatch for migraine

A new product called Therapatch has been recently launched to help alleviate migraine pain. Its application involves applying pads containing a cooling gel to the forehead, temple or back of the head where the pain is located. This can help to cool the skin for up to five hours and reduce migraine pain.

Therapatch can be bought in two forms; one containing no medication at all, serving only as a cooling device, whilst the other contains medication, such as menthol, camphor and methyl salicylate and is used as a device to deliver the analgesic. Therapatch Warm is also available containing an ingredient called capsaicin which is used to help relieve pain.
Hormonal Aspects of Migraine

Newsletter feature from Challenging Migraine

Hormones and Migraine

A pull out and keep supplement looking at how women are affected by hormones and how they may relate to their migraine.

Treatment Options

Migraine and the Menopause

www.migraine.org.uk

www.migraine.org.uk/youngmigraineurs
Hormones and Migraine

Migraine affects three times more women than men. Menopause and during and after pregnancy can also increase the likelihood of a migraine attack. The good news is that steps can be taken to help reduce the frequency and severity of attacks.

Research has found that the changes in hormonal levels (oestrogen and progesterone) that take place when taking the pill, pregnancy, during menopause or after a hysterectomy seem to affect all women differently. (See our ‘Migraine in Pregnancy’ information booklet for more information about changes to your migraine during pregnancy). Whilst, a few women find an improvement to their migraine, others have found the frequency and severity of their migraine worsening and some women who have never had migraine before experience an attack for the first time. Women in the post menopausal years or those who have had a hysterectomy can still experience monthly migraine attacks similar to the regularly menstruating women. This shows that their menstrual clock, situated in the hypothalamus in the brain, is still functioning.

Menstrual migraine
15% of women tend to experience their first migraine in the same year as the onset of their menstrual period and around 50% notice a link between migraine and their periods. However, for some women this may not be the case until they reach their late 30s or 40s even though they have had migraines since their teens or 20s. Women who often have other problems with their periods do not immediately associate the headaches they get with their periods as migraine. This can often be under-recognised by doctors too.

True menstrual migraine (perimenstrual headache) is experienced by only around 10% of women and tends to occur in the two days leading up to a period and three days following the start of bleeding. Most women actually suffer from menstrually related migraine whereby they experience migraine attacks around the time of their period but also get migraine at other times of the month as well.

Premenstrual headaches
Many women are affected by premenstrual syndrome (PMS) with headaches or migraine being experienced as part of it. Premenstrual headaches tend to occur 10 - 14 days before the onset of the next menstrual period and are associated with various symptoms of PMS, such as mood swings, irritability, fatigue, breast tenderness, bloating, abdominal pain, backaches and lack of coordination. Some women may also experience an increase in appetite and a craving for chocolate or other sweet things. Most of these symptoms tend to improve as the menstrual flow starts and are best treated with standard treatments for PMS. Unfortunately, only a few highly effective treatments are available (listed below) and therefore it may be better to manage PMS through identifying your trigger factors and making changes to your lifestyle, such as keeping hydrated, maintaining regular sleep patterns, getting fresh air, daily exercise and practising relaxation techniques, which are known to help.

Treatments for PMS:
• Vitamin B6 - also known as pyridoxine is normally recommended for mood swings and irritability. Speak to your GP or pharmacist before taking a high dose due to possible side effects.
• Magnesium supplements - 200mg three times a day helps with abdominal bloating and breast tenderness.
• Primrose oil - taking a dose of 1.5mg twice daily can help with premenstrual breast tenderness.
• Non hormonal treatments - bromocriptine (e.g. Parlodel) and cabergoline (Dostinex) can help to reduce the output from the brain of a hormone called prolactin, which stimulates the production of milk. Fluoxetine (an anti-depressant) can help with mood swings and irritability.
• Hormonal treatments - oral or injectable contraceptive pills can work by ‘switching off’ the normal menstrual cycle, inhibiting ovulation. Speak to your GP before taking any of the above treatments to ensure they are right for you.

Treatment of menstrual migraine
Various studies conducted on hormonal levels have been unable to identify any differences between women with migraine triggered by hormonal changes and women without migraine. Therefore, to some extent treatment can be a matter of trial and error, and its effectiveness is usually dependent on various factors, such as the stage of the menstrual cycle at which an attacks occurs, the regularity of the menstrual cycle, whether or not you have heavy or painful periods, menopausal symptoms and if contraception is required. Currently, there are no drugs that are specifically licensed for menstrual migraine; however, doctors can prescribe them for this condition if they feel that it would be of benefit. Some of the medications that may be suggested by your GP are listed opposite:
Treatment Options

Acute treatment

If migraine attacks are occurring once or twice a month, taking effective acute treatment when an attack strikes may be sufficient in helping to abort it. The treatment options are the same as for any other migraine attack and include the following:

Painkillers

Many people treat their migraine with simple painkillers bought over the counter, such as aspirin, ibuprofen or paracetamol. If these do not give significant relief, your doctor can prescribe stronger painkillers (e.g. diclofenac, naproxen) or painkillers combined with anti-sickness ingredients, such as metoclopramide and aspirin. Taking a combination of painkillers, such as acetaminophen, aspirin, and caffeine have found to be effective in treating menstrual migraine.

Ergots

Menstrual migraines can be aborted by taking medication containing ergotamine, such as Dihydroergotamine (DHE), which is not a painkiller but prevents the pain of a migraine attack by acting on the blood vessels. Ergotamine (oral, rectal or intranasal) and DHE (intranasal, intramuscular or intravenous) can be used to prevent menstrual migraine by taking it several days before your menstruation and continuing to use it for the duration of the expected headache.

Triptans

Triptans or 5HT agonists have been specially developed to treat migraine; they act directly to correct the serotonin imbalance which is believed to cause a migraine attack. There are currently seven triptans available which include sumatriptan (Imigran), rizatriptan (Maxalt), naratriptan (Naramig), zolmitriptan (Zomig), eletriptan (Relpax), and frovatriptan (Migard). Whilst many of the triptans have been found to be effective in aborting menstrual migraine, frovatriptan has been recommended as the preferred therapy as it tends to stay in the body for longer (up to 26 hours), with individuals only having to take one tablet a day, thus reducing the risks of medication overuse.

Preventative treatment

For some women treating each attack may not work, particularly if you suffer from severe menstrual migraine attacks. In this instance your GP may prescribe preventative (prophylactic) treatment which will help to reduce the frequency and severity of your attacks. These sometimes take a while to show full benefit so you will probably need to try them for at least three to six months:

Non steroidal anti-inflammatory drugs (NSAIDS)

- Mefenamic acid - inhibits the release of prostaglandin and can be effective in preventing migraine, particularly if you suffer from heavy and/or painful periods. A suggested dose of around 500mg 3 - 4 times a day can be started on the day of your period or 2 - 3 days before this. This medication can be taken if your periods are irregular or if you are trying to get pregnant.
- Naproxen - has found to be effective on doses of 500mg taken once or twice daily around the time of menstruation.

Oestrogen supplements

Supplementing oestrogen just before and during a period can help to prevent the drop in oestrogen levels that occur, triggering a migraine. These are only normally prescribed if you do not require contraception and if your periods are regular and predictable. Some women who take oestrogen supplements may experience delayed attacks when the supplements are stopped. In this instance your GP may recommend extending the supplements until the 7th day of the cycle when your oestrogen levels start to rise naturally.

Hormonal or contraceptive strategies

These are recommended for women who require contraception or if their periods are irregular:

- Combined oral contraceptive pill or patch - helps to ‘switch off’ the natural menstrual cycle and maintain oestrogen levels for 21 days. Migraine can occur during the seven day hormone-free interval therefore, your GP may recommend taking the pill continuously for three or four packets (nine to 12 weeks) without any breaks, followed by a seven day pill-free interval. This treatment is not suitable for women who suffer from migraine with aura due to the increased risk of ischaemic stroke.
- Progestogen-only pill (mini-pill) - e.g. Cerazette works like the combined contraceptive pill but does not contain oestrogen. Many women do not get a period as the pill is taken daily, without any breaks.
- Injectable depot progestogens - these tend to be given every 12 weeks and work in a similar way to the combined contraceptives.
- The Mirena intra-uterine system - is a contraceptive device that is inserted into the womb where it releases small amounts of progestogen locally, preventing the lining of the womb thickening in response to oestrogen. As well as acting as a contraceptive, it produces lighter and less painful periods and has helped to improve migraine for some women. However, it does not seem to be effective for women who are sensitive to oestrogen withdrawal as a migraine trigger because their normal hormone cycle continues.
Migraine and the Menopause

**Menopause**

The menopause, in strict medical terms, is the last menstrual period. However, the term “the menopause” is often used to cover all the hormone fluctuations and symptoms that women get, both before and after, the last menstrual period. These are usually caused by the failure of the ovaries to produce more oestrogen and progesterone. The more common symptoms that occur in relation to the changing hormone levels include hot flushes, night sweats, panic attacks and mood swings.

**Perimenopause**

The years leading up to the menopause and shortly after are called the perimenopause. Perimenopause can begin for some women in their mid-30s and can last for as long as 15 years. With the average age for menopause being around 52 years, most women will start to notice some symptoms when they are in their 40s. It’s during this time that many women find their migraine gets worse and those who hadn’t noticed much of an association with their periods before start to develop regular monthly migraine attacks. Migraine attacks can become more severe and frequent due to fluctuating and changing hormonal levels. This in turn can affect your monthly cycle and cause you to experience various symptoms, such as night sweats and insomnia which can impact upon your sleep and increase your susceptibility to migraine.

However, this is not the case for all. For women whose headaches are triggered by their menstrual cycle, the lack of periods after menopause can actually help to improve their headaches. About 67% of women find that their migraines go away or improve significantly after menopause.

**Treatment for menopausal headache**

The usual preventative and acute treatments, such as triptans, can be used to help treat migraine for those women who continue to get them. Women 65 years or older should consult their doctor regarding whether triptans are safe for them to use, due to the theoretical risks of causing a heart attack or stroke. Another option for women undergoing menopause is hormone replacement therapy (HRT):

**Hormone replacement therapy**

Some people, including some doctors, believe that HRT will make migraine worse. However, HRT can actually help perimenopausal migraine as well as improve other menopausal symptoms and protect you against osteoporosis. It’s not a treatment that should be given solely for migraine, but if it’s needed for other reasons, the route and doses of HRT can be optimised to actually make migraine better.

**Other treatments**

Not everybody can take HRT and not everyone needs it. If you are one of those people who doesn’t want to take HRT but have hormonal problems and are looking for alternatives, you might want to try a prescription drug called Clonidine, which has been licensed for the treatment of migraine and menopausal hot flushes. Some people find it very effective, others do not. Clonidine should not be taken if you have a history of depression because this can make it worse.

**Non drug treatments**

**Lifestyle changes**

Exercising regularly and having a healthy well balanced diet can help you to cope better with the symptoms of menopause and migraine, and it can protect you from other diseases, such as heart disease and osteoporosis.

**Phytoestrogens**

Phytoestrogens, also known as isoflavones, are plant compounds similar to oestrogen which can help with hot flushes and sweats. They can be ingested through food sources which include soy or herbs, such as black cohosh. Supplements containing isoflavones can be purchased in a tablet or shake form. Studies using isoflavone supplements recommend taking 40mg - 80mg a day; however, full benefits may not be seen until after a few weeks.

**Herbal medication**

Some people find that natural progesterone can be effective and there is increasing evidence for the use of herbal preparations, such as St. John’s Wort and Red Ginseng, which help to reduce blood pressure. Many other herbal formulation are used but these are the only ones for which there is some evidence, although not much is available due to a lack of controlled trials. Homeopathic remedies have also been found to be popular; sepia, sulphur, nat mur and calcarea are the four that are reported to be the most effective. It is important to remember that even herbal medicines can have side effects that may interact with other medication (herbal or conventional). Therefore, when speaking to your GP or herbalist you should be clear about other medication you are taking so that they can advise you of any potential problems.
Current Research

Study shows migraineurs exhibit more brain lesions than non-migraineurs but are not at an increased risk of cognitive decline

A study, using MRI to look at the brains of migraineurs, has shown that a higher proportion of patients exhibit lesions of the brain than the rest of the population. The study also aimed to find if there was a link between the presence of a large quantity of this type of brain lesion and an increased risk of cognitive deterioration (reasoning, memory, etc.) and of Alzheimer's disease.

The study group included individuals aged over 65 years, recruited from the general population in Nantes, France, and monitored over a 10 year period. Brain MRIs were performed on more than 800 participants and they were questioned about their headaches by a neurologist. The cognitive tests performed involved an evaluation of the volunteers orientation in time and space, their short-term memory and their capacity and speed to correctly carry out specific tasks.

The results show that 21% of people suffer or have suffered from severe headaches over the course of their lives. For more than 70% this involved migraines, some of which are with aura. The MRI scans for those participants having severe headaches confirm that they are twice as likely to have a large quantity of microvascular brain lesions than subjects without headaches.

In contrast, the cognitive scores were identical for individuals with or without severe headaches and for those having or not having cerebral microvascular lesions. Among participants having a migraine with aura (2% of the total sample), a specific increase in silent cerebral infarcts and certain lesions was observed, hence confirming previous studies, but without detectable loss of cognitive ability i.e. ability to think clearly, perform simple tasks, memory loss etc.

From previous research conducted in this area we know that migraineurs have an increased presence of brain lesions. This study concludes that there is no link between migraines / headaches and a risk of cognitive decline. Brain lesions appearing on CT or MRI scans in migraineurs is not unusual; for the vast majority of migraineurs the lesions are nothing sinister and the significance of these findings is still unclear.

Brain scans are not required for most migraineurs; please visit www.migraine.org.uk/scans for further information.

New Drug Application for Zelrix

NuPathe Inc. has announced that the US Food and Drug Administration (FDA) has accepted a filing for the company's New Drug Application (NDA) for Zelrix (sumatriptan patch). Migraine Action reported in October 2010 the successful completion of two Zelrix pharmacokinetic trials and a tolerability trial. Zelrix is a single-use, transdermal sumatriptan patch in development for the treatment of migraine.

"Zelrix was designed specifically to overcome the limitations of current migraine therapies by providing rapid and controlled delivery of sumatriptan while bypassing the need for oral administration and reliance on gastrointestinal absorption," commented Dr Mark Pierce, chief scientific officer of NuPathe.

We hope that once Zelrix is approved in the US, the treatment will then be made available shortly after in the UK; we will keep you updated.

Migraine surgery offers long-term relief

Surgery to 'deactivate' trigger points for migraines has provided good results, according to a study. Nearly 90% of patients had at least partial relief from crippling head pain five years after having a cosmetic operation. Around 30% of migraineurs didn't have any further migraines after the surgery, according to the research published in the Journal Plastic and Reconstructive Surgery.

The study led by Dr Bahman Guyuron from University Hospitals Case Medical Center in Cleveland, Ohio, involves removing muscle or nerve triggers associated with an individual's migraine attacks. He developed the migraine surgery techniques after noticing that some migraine patients had reduced headache activity after undergoing cosmetic forehead-lift procedures. The techniques consist of surgical deactivation of trigger sites in the muscles or nerves that produce pain.

Dr Guyuron's team evaluated 69 patients: before surgery, each one was tested with Botox to confirm the correct trigger sites. For most patients, surgery targeted at least two trigger sites. After five years, they found 88% of these patients had a positive long-term response to surgery. Headaches were significantly decreased in 59% of patients and completely eliminated in 29%. The remaining patients had no change in headache activity.

Migraine attacks were less frequent after surgery with the average number of attacks reducing from about 11 to 4 per month. The length of an attack also lessened from 34 to 8 hours. Migraine surgery also showed significant improvements in quality of life, with few serious adverse effects.

This is not the first time we have heard of surgical techniques helping migraineurs that appear to start in the forehead area. It should be remembered that migraine is a brain disorder and the majority are triggered deep in the brain. This surgery won't suit everyone and we don't have anything like this currently available on the NHS, but it's certainly one to watch for the future.
Member Feedback - The Ups and Downs of Detox

Many members have contacted us with their experiences of undergoing a detox programme following Dr Silver’s presentation at our AGM in 2009. We thought it would be useful to share these experiences with you:

Lynne Walton explains: “I persevered with the detox plan by cutting out coffee, chocolate, cheese, alcohol and only drinking water. I am still following this plan and my migraines have become fewer; however, I did go through a terrible time compounded by not being able to take any medication.

On a few occasions I had no choice but to take Imigran which Dr Silver said was OK, as long as it was only 5 times in one year. I might have had a couple more as I was desperate. I couldn’t tolerate even one tablet of the gabapentin medication that Dr Silver put me on. The dose should have been 6 a day. However, they affected my vision and made me feel aggressive.

Now I am happy to say that most days, I feel like a different person and my head feels clearer. I still have attacks but they are not as severe. At the onset of one I drink lots of water and try to get fresh air, both of which are good for anyone.”

Another member Sandra Werry shares: “The first two weeks of starting detox were pretty awful and in the first week I had a terrible migraine which prevented me from eating or drinking due to sickness. As a result I did succumb and take a couple of triptans. However, after that I held firm and spent a fair bit of time lying down feeling awful! I was never without a headache and by the afternoon or early evening I usually had to go to bed.

I saw my doctor at the beginning of the 4th week to update him. It was interesting in that I had been on propanolol before but having stopped the painkillers it was as if I had just started taking it for the first time. My doctor was happy for me to continue taking propanolol and use triptans in a migraine phase and paracetamol in between, if I needed to.

I had a bad bout of migraine towards the end of the 4th week and did use both of the above, although the paracetamol in much lesser quantities. I felt a bit depressed doing this and felt that apart from the obvious health benefits to my body little had been gained from the detox. However, since this attack I hadn’t taken anything so felt on track again.

Having said that, a couple of months down the line, I was unable to continue with the detox as I was feeling so unwell and unfortunately got back to most, if not all, of my bad habits. The attacks are still impacting badly on my life and to try detox again I need to get my willpower back first.”

Advice from Dr Silver
- It is not necessary to eliminate cheese from your lifestyle, only painkillers and caffeine.

GelStat™ Migraine - a homeopathic migraine treatment

A new medication containing feverfew and ginger has proven to be effective in eliminating migraine pain. Trials undertaken have found that patients treated with GelStat™ Migraine had significantly more pain relief and pain freedom at 2 hours, compared to the placebo group.

A recent study conducted by specialists at the Headache Care Centre, Missouri, USA, found GelStat™ Migraine to be effective in 8 out of 10 patients, with 83% finding they were pain-free or had only mild pain after having taken the medication.

Its unique OraDose™ sublingual delivery system, which involves placing the gel under the tongue, helps the medication to be absorbed much more quickly into the bloodstream, providing faster migraine relief. Although feverfew and ginger is usually recommended as a migraine preventative, in GelStat™ they both act to help abort a migraine attack.

Free prize draw

This product is not available in the UK but can be purchased directly from www.gelstat.com. We have been given some free samples which we are entering into a free prize draw. If you would like to enter the prize draw, please contact the office on 0116 275 8317 or email info@migraine.org.uk.

Closing date for the prize draw is 1st August 2011. Winners will be announced on the latest news section of our website www.migraine.org.uk/news by the 15th August 2011 and will be contacted directly. The judge’s decision is final. No correspondence will be entered into.
Member Feedback

Aluminium Intolerance by Michele McAll

“I have been one of those unlucky people who have suffered with migraine for over 30 years. It has been really tough, as you can make all the plans you want in life, only to find that these monsters have plans of their own.

After many years of trying every possible alternative therapy, I found out that I was intolerant of aluminium. Some days I don’t know how I managed to hold down a job as I was always so sick. It had become so bad this last year that each migraine required 3 Naramig to get myself well again and with that happening each week, life was intolerable.

I was ill if I had monosodium glutamate, nitrates or sulphites. I couldn’t take cigarette / cigar smoke, petrol or paint. I was admitted to hospital last year with a suspected stroke, to find out it was hemiplegic migraine. That really frightened me especially as I temporarily lost my speech.

I know how debilitating it can be to suffer with migraine and how it has blighted my life. I cut out all sorts of foods, such as cheese, chocolate, alcohol and processed foods. I believed my body didn’t cope with toxin, but couldn’t find anyone that could help me. I even went to see a specialist dentist to have my mercury filings removed, thinking it was that which was making me ill.

At the age of 62 years, I found out that I was intolerant to aluminium and cut out everything I could find that possibly contained it, even down to finding a makeup that doesn’t have aluminium in.

Since doing this it has given me a whole new lease of life, in that I am no longer affected by horrendous migraines that ruled my life. Now 3 months on, my migraines have virtually gone and I no longer have migraines that confine me to bed. It is such a relief to lead a normal life again. I understand that not all migraineurs have aluminium intolerance, but if I could be of help to anyone by telling them about my aluminium free list then please email me on michelesa21@yahoo.com.”

Cornwall support group
Michele has joined Lee Tomkins, MA’s former Director, in setting up a support group for migraineurs. They are running a series of meetings around Cornwall inviting anyone who experiences migraine or their friends and family to attend. There are also volunteering opportunities available for anyone who would be interested in helping to progress the group and aid with fundraising. For more information please contact Michele or Lee on 07790 450721 or email migrainecornwall@gmail.com.

Isoflavones
One of our members, Beverley Brachacka, contacted us to say: I would like to share my success of natural medicine. I have been researching migraines for some time, hoping to find a cure for menstrual migraines, which I have had for many years and has made me very miserable.

The last three months I have been using Soya Isoflavones and have been practically migraine free. Isoflavones are plant phytoestrogens - a food supplement, mainly used for the relief of menopausal symptoms as it mimics oestrogen. I had always been advised to avoid oestrogens due to possible link with migraines, but after doing some research about menstrual migraine I decided to take a small dose around day 20 on my cycle and continue for 7 days after the start of my period.

Through my online research I have found some clinical trials on Isoflavones that showed they help to reduce the incidence and / or severity of migraine. The active chemicals in the Isoflavones are Daidzein, Genistein and Glycitein.

The supplements are not too expensive (£15.99 for 120 full price, but often on half price offer for £7.98, larger quantities are available) and easy to purchase. I have been using the Holland & Barrett Soya Isoflavones 750mg.

I have been very impressed with the results so far. I may wake up feeling a bit headache a couple of days, but I take a paracetamol and it goes away. I have been so impressed with the results that I wanted to share my findings with other menstrual migraineurs, as a day less with migraine is a day of your life back.”

Bournemouth and Poole Support Group

One of our trustees would like to form a group in the Poole and Bournemouth area. The purpose of the group would be:

• Social contact with other migraineurs
• Organising meetings and speakers
• Raising significant sums for the charity

If you would like to be involved and can offer help, please contact Michael Albinson on 01202 746822 or email michael.albinson@ntlworld.com.
Hypnic Headache

One rare and unusual headache that occurs particularly in women over the age of 65 years, is a condition called hypnic headache. These headaches make the person wake during the night, typically a few hours after sleep onset, and can last from 15 minutes to two hours. \(^1\) A typical pattern would be awakening once or twice during the night with head pain. \(^2\) The pain usually occurs on both sides of the head and stomach discomfort may also be present.

These are often also called “alarm clock headaches” as they tend to come on at the same time during the night and, as the pain intensifies, it wakes you up at the same time, either right in the middle of the night, or very early in the morning, just as an alarm clock would.

What causes them is still something of a mystery but polysomnography (a sleep test) has recently revealed that the onset of hypnic headaches may be associated with REM sleep. \(^3\) Rapid eye movement sleep (REM sleep) is a normal stage of sleep characterised by the rapid movement of the eyes. The pain experienced is more annoying than disabling, ranging from mild to moderate. Many people may have very mild sleep headaches that don’t develop enough to wake them but may notice a dull ache if they are awoken by something else. There is normally no nausea, light sensitivity (photophobia), noise sensitivity (phonophobia) or other symptoms associated with the headache.

**Diagnosis**

A thorough examination will help to exclude secondary causes of headaches which start at night. These causes include drug withdrawal, oxygen desaturation, sleep apnoea and temporal arteritis (inflammation of the temporal artery). Other primary headaches, such as migraine and cluster headaches, can also wake you up at night so these need to be excluded before a diagnosis is made. Headaches should also occur at least 15 times per month for at least one month. \(^4\)

**Treatment**

Lithium carbonate 200 - 600mg at bedtime is an effective preventative treatment for most patients but for those that cannot tolerate lithium, verapamil, flunarizine, indomethacin or methysergide may be tried. It has also been shown that 1 - 2 cups of coffee or 1 - 2 mg of caffeine before bed can prevent hypnic headaches. \(^5\) Aspirin is the most consistently reported effective abortive treatment. \(^6\)

References

Migraine Awareness Week

Did you know 50%* of migraineurs find their current migraine medication ineffective and 45%* of migraineurs feel their healthcare professional is disinterested in their migraine, leaving them struggling to manage their condition?

Limiting access to migraine treatments has a huge impact for migraineurs and their families.

To help raise awareness of this much-misunderstood condition, this year we have launched a new campaign on having ‘fairer access to all migraine treatments’ - focusing on the difficulties that migraineurs face in getting treatments that could really help make a difference to their life.

This year to help celebrate Migraine Awareness Week, which runs from the Sunday 4th September - Saturday 10th September 2011, we are undertaking various awareness raising and fundraising activities and would like to get as many people as we can involved.

Media

We will be working with both national and local media to cover stories on migraine. The success of getting as much publicity as we can relies on people volunteering to share their experiences, we are desperately looking for more media volunteers; if you are interested, please email rachelmarkham@migraine.org.uk.

Awareness raising events

To help raise the profile of migraine we will be hosting a number of awareness raising events at local libraries, hospitals, etc. where we can share migraine knowledge and literature with others. Having these run throughout the country would be fantastic. We are currently looking for volunteers to hold events in their local area. We are happy to assist you with your activities, if you would like to help make a difference, please get in touch.

Put the kettle on

This year for Migraine Awareness Week we are setting our members the challenge of holding 53 coffee mornings to celebrate our 53rd anniversary.

Holding a coffee morning is easy, you can hold it either at work, home, school or in your local community. It provides you with the perfect opportunity to get together with friends, family and colleagues, and help raise some funds at the same time. A coffee morning does not have to be all about coffee, you can make it as fun and interesting as you like. If you fancy adding a twist to it you could try doing something different, such as organising a garden party, pub quiz, fancy dress or a karaoke night.

You can do whatever you want and raise as much or little as you can. Whether you raise £10, £100 or £1,000, you can be part of a nationwide event that could really make a difference to those affected by migraine.

Our fundraising target is £10,000, which can be achieved if we all pull together, work hard and have some fun along the way! We encourage all members and supporters to participate. Those who raise more than a £100 will be entered into a free prize draw.

If you are up for this challenge please get in touch. We can provide you with a range of fundraising ideas and useful tips to help your event be a success, as well as providing assistance in putting together publicity materials. If you have any fundraising ideas of your own, we would love to hear them!

Fiat 500 Prize Draw

The Great BIG small Charity Car Draw gives you a chance to win a brand new FIAT 500.

Tickets cost only £2 each and 95% of tickets bought by MA supporters comes to Migraine Action - allowing us to continue to provide vital information and support to migraineurs and their families both in the UK. Tickets can be purchased online by visiting www.migraine.org.uk/fiat500 or by calling us on 0116 275 8317.

The closing date for tickets sales is Friday 16th September 2011. The draw will take place on 25th October 2011 and the winner’s name will be displayed on the FSI website: www.smallcharitycardraw.co.uk.

Support the Migraine Action Running Team

This year staff and trustees are taking the plunge and running for Migraine Action.

Derby Fun Run - 5km

Why not try joining us, you can walk, run or jog or simply come along to cheer us on. The Big Fun Run takes place on Saturday 20th August 2011, at Darley Park, in Derby. For more information on the run, please visit www.bigfunrun.com. Please help show us your support by visiting www.justgiving.com/mafunrun and donating to Migraine Action.

Adidas Women’s 5K challenge

Our president Mary Ayres and Zoe Stewart (a member) will be running again in the UK’s biggest women only fun run on Sunday 21st September in Hyde Park, London. The more the merrier - join in the fun by going to www.womenschallenge.co.uk. Mary has been undertaking this race on behalf of MA for many years and unfortunately this will now be her last year. Please show her your support by going along to cheer them on or help sponsor them. (Further running events are listed on page 14).

You can help support us by texting MIGR11 £2 /£5 /£10 / to 70070 now.
Migraine Action’s 53rd AGM

This year Migraine Action’s AGM and education day is to be held on **Saturday 22nd October 2011** at The National Hospital for Neurology and Neurosurgery, Queen Square, London. WC1N 3BG.

Taking place between 11am to 4pm, it provides you with the perfect opportunity to meet migraine specialists, share experiences, discuss treatments and ask questions.

Topics to be covered on the day include: the latest migraine research, acute and preventative treatments.

**Don’t miss out**

To book your place(s) please complete the following form or call **0116 275 8317**. Alternatively, you can email info@migraine.org.uk or visit www.migraine.org.uk/events. Tickets, which include a buffet lunch, are £15.00 for MA members and £20.00 for non-members.

**Booking Form**

Please reserve .......... places(s) for the Migraine Action AGM.

Membership Number MIG: ...........................................
Name: ............................................................................
Address: .........................................................................
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Postcode: .......................................................................
Telephone: .....................................................................
Email: .............................................................................

Please return this form with a cheque made payable to ‘Migraine Action Association’ to: Migraine Action, 4th Floor, 27 East Street, Leicester. LE1 6NB. Please ensure you book your place before **24th September 2011**.

**Forthcoming Migraine Education Days**

Following the success of past events, Migraine Action are running a series of migraine education days throughout the country.

Feedback from past meetings have shown that many people have greatly appreciated the migraine information provided on the day, along with the opportunity to speak to medical professionals and ask specific questions - picking up useful hints and tips. Meeting other migraineurs was also really valued as people could share experiences with others - knowing they are not alone.

The education days give you the opportunity to enhance your migraine knowledge and learn more about areas which are of interest to you. Workshop sessions take place during the day and enable you to learn more about specific areas of migraine (e.g. hormonal migraine) and alternative therapies, such as Bowen Technique, Botox and Reflexology etc.

**Forthcoming education days are as follows:**

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<td>Manchester</td>
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To book a place please visit www.migraine.org.uk/events, email us at info@migraine.org.uk or call us on 0116 275 8317.

This year we are offering healthcare professionals the opportunity to learn more about BOTOX® - treatment for chronic migraine - by running workshops throughout the country alongside our education days. Please promote this day by letting your GP know.

**MA’s Online Shop**

Following the request from members for more online shop products we are introducing a range of new products that can be purchased on a pre-order basis. These fantastic products are great to treat yourself or your friends and family. By purchasing an item you will be supporting MA’s work. Please complete the pre-order form below if you would like any of the following items:

1. Fleximan clock £3.99
2. Extendable headphones £4.99
3. Blue ballpen £0.99
4. Cotton shopper £2.99

**Item**

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**I enclose a cheque for £.......... payable to Migraine Action.**

**Name:** .................................................................

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