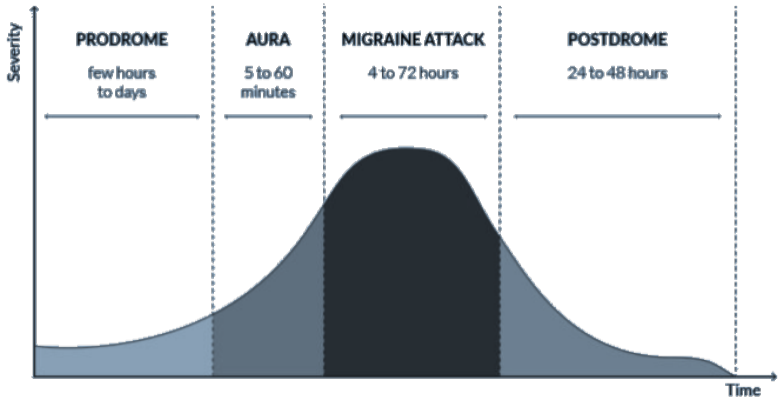
Managing Migraine

Dr. Jason C. Ray

What is migraine

Migraine is a complex neurological disorder, which typically will start in young adulthood, and may continue for decades – as such, it is the second leading cause of years lived with disability. Migraine affects approximately 1 in 5 people and disproportionately affects women.



A migraine 'attack' is characterised by up to four phases. The middle 'headache' phase is often the easiest to identify, and is associated with moderate to severe pain which may be throbbing in character, start on one side of the head, or seemingly worsened by physical activity. It is associated with either nausea, or a sensitivity to light and sound. While everyone is different, the headache phase to a migraine if untreated will last up to 72 hours.

A third of people living with migraine will also experience a migraine 'aura', which does not necessarily occur with every attack. While it may occur at any time, it will typically precede the headache phase of your migraine. 90% of migraine aura is visual, and you may experience a zigzag (kaleidoscope) pattern in your vision, a blurry spot in your vision or other symptoms. They generally will move slightly through your vision and settle after 20 minutes. It is important to speak to your doctor the first time you experience what you think might have been an aura, as other conditions can mimic it.

Finally, the first and last phase of a migraine attack are similar and can precede the headache phase by hours or even days. They are characterised by change in mood, excessive yawning or fatigue, sensitivity to light, food cravings, and even cognitive changes amongst other symptoms.

What causes migraine

While we have discovered a lot about changes in the brain during a migraine attack, the driving factor that has caused migraine in an individual person remains unknown. There is a genetic component to the disease which puts people 'at risk' of migraines, as it often is more common in families, however this is an incomplete explanation.

If someone experiences migraine, we introduce it in the interest of simplicity as a 'threshold' disease – at a certain level, your brain will experience migraine. Some things that impact this threshold we have some control over, and you may identify triggers for your attacks, however many we don't.

It is not true to say that migraine is caused solely by stress. Addressing lifestyle factors as part of learning to manage the disease in a holistic way, however, can be a helpful tool.

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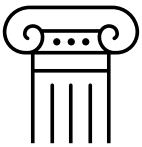
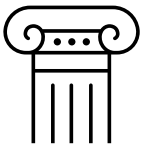
Management of Migraine

There are three pillars to managing migraine; addressing lifestyle factors where possible, optimising the acute management to limit the impact of individual attacks, and where appropriate reducing the frequency of attacks each month.

Acute Treatment



Preventative Treatment



Lifestyle Factors

Acute Treatment

There are a number of acute treatment options in management of migraine. Broadly, they work better in combination, and early in an attack. Overall, the goal of acute treatment is:

- Pain freedom or relief (or relief of the most bothersome symptom) within 2 hours
- Sustained pain freedom or relief at 24 hours
- No bothersome side-effects of treatment

The caveat is that if acute therapies are used too often, they can start to gradually change the nature of the disease, leading to more frequent attacks that are more resistant to therapy. Keeping triptan use to less than 10 days per month, and anti-inflammatory use to less than 15 days per month helps to avoid this.

Preventative Treatment

It is always a personal decision as to whether your attacks are occurring often enough to take a preventative therapy. In general, it is often considered if:

- The individual attacks are difficult to relieve, or are very disabling
- You experience more than one attack per week
- You require acute analgesia more than 10 days per month
- It is your preference to start a preventative therapy

There are a number of preventative therapies that have evidence in migraine. Finding the right treatment is often a balance of potential benefits of a treatment and limiting unwanted side effects. In general, the goal of therapy is to reduce the number of migraines per month by half or more.

Lifestyle Factors

It is helpful to have as many things as possible working for you, rather than against you, but it is also important to recognise that you may still experience migraine, and this is not your fault. Common factors that may be 'triggers' to be considered include:

- Sleep: maintaining a routine of quality sleep with adequate hours
- Diet: maintaining a healthy, balanced diet, avoiding dehydration and prolonged fasting
- Caffeine: while this may be effective as a pain killer, it can also worsen your headaches
- Exercise: aerobic exercise in the long-term can help reduce frequency
- Avoiding identified triggers

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