



HEADACHE ESSENTIALS

The following 10 points are “essential” for migraine patients and should be learned and followed to the best of your ability.

- 1. Sleep.** Those who suffer from migraines should strive for good sleep habits. This means going to bed and getting up at the same time every day. No exceptions. No sleeping in on the weekends. Missed sleep, staying up late or even too much sleep can trigger a migraine. Migraine sufferers tend to do better with a more stable schedule. Many headache patients need to be on a sleep medication. There are some medications such as Amitriptyline and Nortriptyline that work as both a sleep medication and migraine preventive (decreasing frequency and severity of headache). These medications are usually tried first. Not everyone can adhere to this due to life or work circumstances and especially young children in the home, but it is a goal to strive for.
- 2. Migraine Diary.** You must keep an accurate diary to record your headaches and associated symptoms. By accurately recording your headaches, you will likely discover things about your headaches that will be helpful, such as certain triggering events. You can print out a diary from the [National Headache Foundation](#) or download an app on your smart phone, such as “Migraine Buddy.” Another option is to use the DASH calendar which may be provided. PLEASE BRING IN YOUR DIARY EACH VISIT!
- 3. Triptan medications.** You might be prescribed a drug in this class of medications that is designed to “abort” or “reverse” the chemical events that are occurring in the brain. There are a number of them, such as Imitrex (Sumatriptan), Maxalt (Rizatriptan) and others. These medications come in a number of forms, including injections, nasal sprays and powders, oral pills and some that dissolve under the tongue. These medications are to be taken at the earliest onset of the migraine. DO NOT WAIT until your migraine becomes too severe. The longer you wait, the less likely the

medication will work. You may be prescribed Naproxen Sodium (like Aleve) to take with the Triptan, which may help the medication work more effectively and last longer. This medication can be repeated in two hours but no more than two per day. Most insurance companies only pay for nine per month. Taking too many of these can lead to a “medication overuse headache” which is very difficult to treat. Limit these medications to no more than three per week, if possible.

4. **Diet.** Obviously avoid any foods that may “trigger” a migraine, including alcohol, MSG in Chinese foods and others. Avoid use of artificial sweeteners and diet soda. Eliminate caffeine to no more than one cup of coffee per day. As far as any particular “diet” goes, an “anti-inflammatory diet” would be the most logical and healthy diet to follow. This diet is rich in “healthy fats” and Omega 3 fatty acids, such as cold water fish (salmon, sardines, mackerel), plant sources that include flax oil, and coconut and olive oil. Avoid processed foods, vegetable oils, junk food which is high in dangerous trans fats, and especially sugar, which is inflammatory.
5. **Exercise.** It has been shown in numerous studies that exercise is beneficial to reduce the frequency and severity of migraines. Weight loss in the overweight may lead to better migraine control, as well. We recommend exercising at least 30 minutes on most days of the week.
6. **Prevention.** Certain medications (#3 Triptans) are prescribed to ABORT or reverse migraine headaches. There are other medications prescribed to PREVENT migraines, or reduce the frequency and or severity of the migraines. The preventive medications reduce the overall hyper excitability of the brain. Natural medicines can include Melatonin 3 mg up to 9 mg, Magnesium Glycinate 400 – 600 mg. daily, [Migrelief](#) Co enzyme Q 10 150 mg, or Petadolex. Prescription medications include some that are preventive and assist sleep, like Nortriptyline or Amitriptyline, others include Topiramate or Trokendi XR, Beta blockers like Timolol, Zonisamide or Depakote, among others. These medications are taken every day. Note: it can take a few months for these medications to be effective. Be patient and keep a headache diary to track your progress.

7. **Emergency Room visits.** Our goal is NO ER or Urgent Care visits. Our advice regarding Emergency Rooms is generally “don’t go.” It is a miserable experience and rarely are the headaches treated correctly. If your abortive medications fail, you might be given a rescue medication. If that fails and it’s during M-F office hours, call us ahead and we will get you in ASAP and can give you an injection of Toradol, get an occipital nerve block or perform a sphenopalatine ganglion block in the office using the [SphenoCath](#) device. This simple in office, 15-minute, painless procedure can completely abort your headache or reduce the severity of it.

8. **Physical Therapy.** You may be referred to a physical therapist to evaluate and treat the upper back and cervical musculature. One therapy group we recommend has designed a specific “Headache Protocol” for migraine sufferers. Upper back and neck tension while not the cause of migraines, often make the headaches worse.

9. **Stress Management.** Stress is a major factor in migraines. Many migraine sufferers would benefit from stress management classes, counseling, meditation, cognitive behavioral therapy or biofeedback. I also recommend looking into Yoga, Tai Chi or Qi Gong classes for exercise and stress management.

10. **Education.** Finally, to improve your chances of success in managing a migraine, you should educate yourself. A good resource is the [National Headache Foundation](#) and the [American Migraine Foundation](#).