

WebMD®

March/April 2018

Focus on
MIGRAINE

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Migraine
Knowledge**

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**Managing
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at Work**

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to Try to
Prevent
the Pain**

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This
supplement
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WebMD
MAGAZINE

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Migraine is part
of me, but I am
not migraine.

-Stephanie D.

Share experiences. Break stigmas. Strengthen bonds.

The #SpeakYourMigraine page is a community that helps people with migraine do just that. We encourage you to follow, share, like and learn.

**SPEAK YOUR
MIGRAINE**

[Facebook.com/SpeakYourMigraine](https://www.facebook.com/SpeakYourMigraine)

Find us on 

NEWS You Can Use

Just Right

When it comes to your weight and migraine, the Goldilocks rule might apply. Weighing too little or too much can trigger the debilitating headaches. Researchers analyzed 12 studies and found that obese people were 27% more likely to have migraine compared to people of healthy weight. Those who were underweight were 13% more likely.

—*Neurology*

Dopamine Dip

Dopamine—that feel-good chemical that bathes the brain when you feel pleasure—plummets during a migraine attack, a new study shows. Researchers analyzed brain scans of people during and between migraine attacks. The dopamine drop could explain hypersensitivity to light and sound during migraine. Understanding this chemical fluctuation might help doctors make better use of medications that target dopamine.

—*Neurology*

Innovative Relief

A wireless patch worn in an armband could slash migraine pain in half. In a small study, 71 people with migraines strapped the patch—containing electrodes and a microchip—to their arm at the start of an attack. After they activated the patch with their smartphones, half received pain-blocking electrostimulation while the other half felt a fake, or placebo, sensation. Most of those who got the real thing reported reductions in pain of half or more. Some got complete pain relief.

—*Neurology*

90%

Percentage of people
who get migraine
headaches who say
the condition runs in
their family

Pill Possibilities

Women are about three times as likely to have migraine as men. The headaches are at their worst during childbearing years. But birth control could help. In a recent study, women who took progestin-only birth control pills—as opposed to those that contain estrogen, too—reported fewer and less intense migraine attacks. The women also took fewer doses of over-the-counter and prescription medications and rated their quality of life higher.

—*Cephalalgia*

It's important to Learn the extent to which migraine can impact people.

- Greg B.



Greg is a migraine supporter. He was compensated for his time.

Are you talking to others about your migraine experience?

Approximately 44% of migraine-related tweets talked about migraine's personal impact.¹ When you're having a tough time dealing with migraine's impact on your life, it can be helpful to share what's on your mind.



The way we measure the impact of migraine is changing

While measuring the number of people with migraine is important, the healthcare community is beginning to focus on the larger impact migraine can have on someone's life.² How does it impact you?

Migraine takes away from household work

In a study, 36.2% of people with episodic migraine reported 1-4 missed days of household work per month due to the disease.³ When you consider the total time lost, it becomes easier for you to discuss the total impact on your life.



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#SpeakYourMigraine is a global initiative sponsored by Amgen and Novartis to raise awareness of the total life impact of migraine. For more information visit SpeakYourMigraine.com

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FOCUS ON

Migraine and Pregnancy

IF YOU ARE PREGNANT OR THINKING ABOUT BECOMING
PREGNANT, HERE'S WHAT YOU SHOULD KNOW
ABOUT MIGRAINE

By Stephanie Jacob

If you have migraine headaches, you may wonder how pregnancy will affect you. Will the pain persist for nine months? Are your medications safe to take? Do you have to manage the pain without drugs? Matthew S. Robbins, MD, FAHS, director of Inpatient Services at Montefiore Headache Center in Bronx, New York, has some answers.

Expect migraine to change. Fortunately for many women, the hormone changes in pregnancy will offer some improvement in the intensity or frequency of migraine pain. As estrogen levels increase and become steady during pregnancy, the chances of having migraine headaches drops, says Robbins.



But for some women, the physical and emotional changes that come with pregnancy, such as morning sickness, increased hunger, stress, worry, and sleep disturbances, can bring on attacks. And women who have migraine with aura prior to conceiving may find that the rising levels of estrogen trigger more pain, says Robbins. Since you don't know how pregnancy will affect you, talk to your doctor before you conceive so you have a plan in place for coping from the start.

Make lifestyle tweaks. If you're sensitive to breaks in your routine, keep consistent habits from day to day. Make sure your sleep schedule is the same on weekdays and weekends. Drink plenty of water—since staying hydrated can

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be a challenge while pregnant—and get regular exercise, Robbins says.

Learn to relax when you're stressed or feel an attack coming.

Biofeedback (a relaxation technique), yoga, exercise, acupuncture, and massage all have proven track records for helping people prevent and cope with migraine symptoms, says Robbins. The trick is to find the strategy that works best for you.

Consider medication.

Pregnancy reduces your pain relief options due to potential risks to the baby, so what helped before you were pregnant may be off-limits now. Among these are triptans, the most common medicines used to treat migraine, as well as magnesium and antibody-based drugs.

Doctors generally consider acetaminophen to be safe during pregnancy, but if yours determines you need something stronger, he or she might suggest the anti-nausea medication metoclopramide.

A nerve block, which is an injection of local anesthetic like lidocaine to the scalp, may also be an option, says Robbins.

Try non-drug treatments. A number of new, small devices that can be worn on the front or back of the head help block pain. They work by stimulating a nerve or the brain from outside the body, which means they “theoretically shouldn’t have any bad impact on a developing baby,” says Robbins. Your doctor can prescribe these devices.

Expect more changes when baby arrives.

Some moms may have an attack shortly after giving birth, likely due to the sudden drop in estrogen levels after delivery. For some, migraine returns when their periods do. Women who breastfeed may be less likely to have migraine after their baby is born. Breastfeeding may keep estrogen levels higher since it delays the return of a woman’s period.

Be sure to review your options for migraine treatments after your baby is born as many medicines that should be avoided in pregnancy may be safe now, says Robbins.

PRE-CONCEPTION CHECKLIST

Taper off preventive medications.

This will give migraine the best chance of improving on its own during pregnancy, says Matthew S. Robbins, MD. It also eliminates any risks the medication may affect your developing baby.

Be open.

Communication between your neurologist or headache specialist and your obstetrician or midwife is key. They'll work together to coordinate treatment of migraine during your pregnancy.

Understand the risks.

Pregnant women who have a history of migraine may be at a higher risk for pre-eclampsia, pre-term labor, and low-birth weight, says Robbins. Talk to your doctor about your personal risk and any precautions you should take.

LIVING WELL

Life, Interrupted

MIGRAINE CAN STRAIN RELATIONSHIPS AND DISRUPT YOUR NORMAL ROUTINE. HERE'S HOW TO LESSEN ITS IMPACT.

By Sharon Liao

Migraine can upset your life. The symptoms, such as nausea, dizziness, and a sensitivity to sound, light, and smell, can make it impossible to keep your normal routine. They can prevent you from working and complicate your relationships. In fact, 70 percent of people say that migraine causes problems in their relationships.

Part of the reason is because migraine can be misunderstood. Some people think of it as just a headache. Because symptoms aren't obvious, even family members may not realize the full impact. "Many people with migraine don't share what they're going through because they're afraid of being judged or that others won't believe them," says Dawn Buse, PhD, the director of behavioral medicine at Montefiore Headache Center in the Bronx, New York. According to a 2013 study, chronic migraine cause the same amount of social stigma as epilepsy—a disease with much more obvious signs.

All of this can exact an emotional toll. In her research, Buse found that many people with chronic migraine feel sad, guilty, and frustrated by how migraine

affects their life. Most said that they felt like they would be better spouses and parents without the headaches.

How can you keep migraine from hurting your relationships? The following strategies can help.

Speak up. Describing your symptoms in detail to others in your life is the first step. That way, your friends, family, and coworkers will better understand you. This includes children. Talk to them in language they'll understand, and reassure them that you'll be fine after the migraine passes, says Buse.

Make a game plan. Migraine can strike unexpectedly, but some prep work can prevent too much upheaval. Write a "migraine day plan" for those days you're out of commission. You can assign duties and include ideas for fun activities that will keep kids occupied. You can also set things up in advance: Work with your partner to stock your freezer with extra meals. This can help maintain your family's routine while easing the burden on your partner.

Ask for help. When a migraine hits, reach out to friends and family for assistance, which can include

→ **Do you have the support you need?**
Take the assessment at WebMD.com

running errands or going grocery shopping. Also ask your children to help when they can, whether that means bringing you a cool washcloth or a snack. "Feelings of helplessness can lead to fear and anxiety," says Buse. Giving kids a task can help them feel more in control.

Accept invitations. Don't let the fear of a migraine attack keep you from making plans. "That can lead to a downward spiral of feeling lonely and isolated," says Buse. Agree to go to that party, and don't be hard on yourself if you have to cancel last-minute or head home early.

“Many people with migraine don’t share what they’re going through because they’re afraid of being judged or that others won’t believe them.”



LET'S TALK MIGRAINE

5 Tips on Dealing With Your Job While Dealing With Migraine

— Janine Huldie

As you well know, migraine attacks don't usually happen at the most convenient times. They seem to only occur when you absolutely have to function. And it can be even more difficult when you have to go to work 5 days a week.

Below you will find some of my straightforward suggestions on how to deal with your job while being a person with migraine.



1

Consider being open and honest with your employer and coworkers.

Being up-front about your migraine can go a long way toward getting the support you need in the workplace. You may think that you won't get migraine attacks often. But chances are, sooner or later, you'll get one. Therefore, you may want to let your coworkers know that this is a condition that you are dealing with and will need their understanding and even their help at times.



2

Make sure to have snacks and water handy.

Everybody needs fuel, such as water and nutrients, to keep plugging along. It may seem like a no-brainer, but quite often this is one of the last things on my mind when I am working. Staying hydrated and having something in my belly can go a long way toward keeping me away from an awkward workday migraine attack.



SPEAK YOUR MIGRAINE



3

**Take short breaks
every 2-3 hours.**

Just as snacks and water can help those who have migraine, so can scheduling breaks. I work on my computer 6-8 hours every day. In addition to helping prevent a migraine attack, taking a break helps me stay focused.

I try to work on my laptop for no more than 2-3 hours before taking a break. It doesn't have to even be a long break. Just 5-10 minutes can help. Take a walk. Go to the restroom. Even stand up and stretch at your desk. This will break up your day, and may help prevent migraine and make you feel better overall.



4

**Less light,
more comfort.**

For me, too much light can be a migraine trigger. I learned this the hard way. Now, I always wear sunglasses when outdoors and I even wear shaded glasses when indoors.

If you have already discussed your migraine condition with people in your workplace, you might be able to request a seat where lighting is less of an issue.



5

**Create an even
more comfortable
work environment.**

If you become comfortable communicating your migraine, you may be able to change even more aspects of your work environment. Consider asking your employer about setting up an ergonomic desk and chair.

Things like screen protectors and ergonomic furniture can help other workers in your office, so your employer may be willing to invest in them.

Learn how to #SpeakYourMigraine to your healthcare provider.

Speaking of Migraine



Answer a few simple questions to see the day-to-day impact migraine is having on your life, and in less than 2 minutes you'll have information you can share with your healthcare provider, family and friends.

Total # of Attacks/Episodes (Average)

How many migraine attacks/episodes do you have in a typical month?

Total # of Migraine-Affected Days

How many hours before the migraine attack/episode starts do you feel symptoms coming on?

How many hours does your migraine attack/episode typically last?

After the migraine attack/episode ends, how many hours does it take you to start feeling like yourself again?

With these 4 answers, your healthcare provider can calculate your number of Migraine-Affected Days in a typical month. Try a tool to calculate Migraine-Affected Days at SpeakYourMigraine.com/impact

Finally, think about how many migraine-free days you experience per month. What is that number?

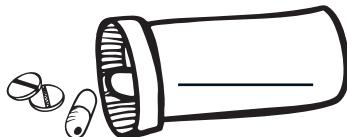
We've just estimated the time impact of your migraine. Continue on the next page.

Learn how to #SpeakYourMigraine to your healthcare provider.

Your Migraine Medication

Think about the medications you take at the onset of migraine symptoms. They may include over-the-counter pain medications, ergotamines, triptans and opioids.

How many days in a typical month do you treat your migraine symptoms with medication?



Your Migraine Life



On average, how many days per month do you miss work—paid occupation and/or domestic responsibilities—because of migraine?



On average, how many events per month—family and/or social—do you miss because of migraine?



Describe your attitude toward migraine:

You've Just Spoken Your Migraine.

You now have a written record that can help keep your next conversation about migraine focused on important things, so your healthcare provider (and everyone else) can understand you better.

**SPEAK YOUR
MIGRAINE**

SpeakYourMigraine.com

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Ashley D.

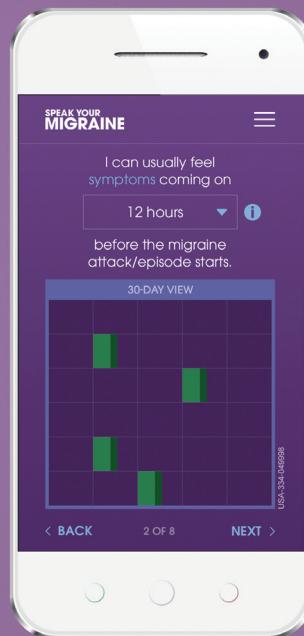
168+ Migraine-Affected Days Per Year

Ashley D. is an actual migraine patient. She has been compensated for her time.

How many days does your migraine take from you?

Answer a few questions to see the day-to-day impact migraine is having on your life. In about 2 minutes you'll have information you can share with your healthcare provider, family and friends.

Visit today on your computer, tablet or mobile phone.



SpeakYourMigraine.com/impact

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HEALTH SMARTS

Warning: Risk Ahead

MIGRAINE MAY ALSO MEAN A HIGHER RISK OF
CERTAIN HEALTH ISSUES

By Jodi Helmer



Living with throbbing headaches, nausea, vomiting, and sensitivities to light and sound is just one piece of a complex health puzzle when you have migraine headaches. Research shows that migraine also increases your risk of other serious health issues, including depression,

heart disease, and stroke.

“The same genes associated with predispositions to migraine are shared with the genes that predispose [people with] migraine to other health conditions,” explains David Dodick, MD, professor of neurology at the Mayo Clinic and

chair of the American Migraine Foundation.

These health conditions often go hand-in-hand with migraine:

Depression: Although the reasons for the migraine-depression connection are unclear, research shows a solid link: You have a three times greater risk of developing depression if you have migraine.

Genetics could be to blame, according to Dodick, but there is another factor to consider, too. “Some depression could be a result of [people with] migraine feeling like their lives are devastated by [the condition],” he says.

Some of the same medications used to treat depression are also used to alleviate migraine. “Managing migraine well can help improve depression,” he says.

Heart disease: Several studies show a strong connection between migraine and heart disease—and women seem to be the most

susceptible. Women with migraine had a 36 percent increased risk of heart disease, according to 2017 research.

“We don’t know enough to say whether treating migraine will make a difference, but it is an indication that you may want to be more careful than the average person about controlling other risk factors for heart disease,” notes Elizabeth Loder, MD, MPH, professor of neurology at Harvard Medical School.

Stroke: If you have migraine with aura—visual disturbances like flashes of light, seeing spots or geometric shapes—you’re at an increased risk of stroke.

Dodick explains that people who have migraine also may also have risk factors for heart disease such as “sticky” blood (prone to clotting) and stiff blood vessels.

To reduce the risk, Dodick suggests managing other risk factors: quit smoking, use non-hormonal birth control (the Pill makes the blood more apt to clot), stay active, and maintain a healthy weight.

ANOTHER HEALTH CONNECTION

Your BMI could worsen migraine. One 2017 study found that those with an average BMI of 35.3 reported up to eight headache days per month.

More research is needed to understand the link, but obesity triggers inflammation, making you more susceptible to migraine, according to Elizabeth Loder, MD, MPH. “Those who are obese tend to have more severe and more frequent attacks.”

To complicate matters, conventional treatments pose a problem: Rapid, significant weight gain is a side effect of several common migraine medications.

“We don’t know enough yet to claim that losing weight will stop migraine, but there are lots of other health reasons to want to keep your weight in check—and hopefully it’ll help with migraine, too,” Loder says.

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P R E V E N T I O N F O C U S

Help for Migraine

WHILE MIGRAINE CAN'T BE CURED, YOU CAN TAKE STEPS TO HELP PREVENT THE THROBBING PAIN

By Christina Boufis

When it comes to migraine, the disabling pain, often accompanied by nausea and light and sound sensitivity, means that it's no ordinary headache. About 28 million women in the U.S. get migraines. "This has to do with hormones and [menstrual] cycling," explains Carolyn A. Bernstein, MD, a neurologist and headache specialist at Brigham and Women's Hospital and assistant professor of neurology at Harvard Medical School.

If you are prone to migraine, take steps to try to prevent the next one.

Keep a routine. "You want to be as meticulous as you can about [your routine] to assure that your brain has as much stability as possible," says Bernstein. That means going to sleep and

waking up at the same times, eating regularly, and drinking enough water.

"Eat the same number of meals every day. Try not to radically alter the amount of caffeine you have in a certain day," adds Joseph Safdieh, MD, associate professor of neurology at Weill Cornell Medical College and attending neurologist at New York-Presbyterian hospital.

"These sound like basic lifestyle things," says Bernstein, "but if you have migraine they become particularly important."

Get moving. "I'm always giving people exercise prescriptions," says Bernstein. When you exercise, your body releases natural painkillers called endorphins.



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with migraine at WebMD.com/migraine

What's more, breaking a sweat can help you sleep better and zap stress—two common migraine triggers.

One study found that those who exercised at least 40 minutes three times a week had fewer migraines.

Aim for the standard exercise recommendations—150 minutes per week, or 30 minutes on five days—and talk to your doctor about what exercise is right for you.

Journal it. You've probably heard to avoid things like cheese and chocolate if you get migraine. "That's older thinking," says Bernstein. "There's really no good data about which foods to avoid [in general], though a certain food might be an individual trigger for one person."

You need to figure out your personal triggers, if any. Keep a detailed diary of what you eat and when you get a migraine to track your triggers, says Bernstein.

Track other potential triggers too, such as, for women,

hormonal fluctuations around the time of your period; changes in the weather or sleep or eating patterns; and stress, says Safdieh. Bright lights, strong smells, alcohol, and dehydration can also trigger migraines in some people, he adds.

Don't skimp on sleep. "Regular, good sleep is really important," says Bernstein. While the mechanisms behind sleep patterns and migraines are not fully understood, what is clear is that not getting enough good quality sleep (seven to eight hours a night) can increase your chances of triggering a migraine.

To ensure shut-eye, "Don't get in bed and start playing with your iPhone," she says. "Go to sleep and get up at the same times. Keep your bedroom dark, cool, and quiet. Things like that really make a huge difference for people."

Finally, find ways to manage stress, such as meditating, and talk to your doctor about prescription migraine prevention treatments as well botulinum toxin injections, which may give you more migraine-free days, according to studies.



ASK YOUR DOCTOR

Q Do alternative treatments work?

A Studies show alternative therapies such as yoga and acupuncture can help reduce migraines.

Q What kind of exercise is right for me?

A If you get migraines from pounding up and down while running, then try another exercise like spinning, suggests Carolyn A. Bernstein, MD.

Q Will supplements help?

A "There's good evidence for certain supplements for preventing migraine," says Joseph Safdieh, MD. "The best evidence is for something called butterbur, which is an herbal remedy." Research also shows that magnesium, vitamin B2 (riboflavin), and feverfew, another herbal remedy, can help prevent migraines. But check with your doctor before taking any herbal remedy or supplement.

QUIZ

Migraine Myths

TEST YOUR KNOWLEDGE

By Michelle Leifer

You know that migraine is more than just a bad headache. But a lot of misconceptions still surround this complex condition. Take this quiz to see if you can separate the facts from common myths.

- 1.** Extra sleep will prevent migraine.
 Myth Fact

- 2.** Migraine is usually preceded by a warning sign known as an aura.
 Myth Fact

- 3.** It is rare for a migraine attack to last longer than an hour.
 Myth Fact

- 4.** Most people have migraine in the late afternoon or early evening.
 Myth Fact

- 5.** Migraine becomes less frequent and less severe as you get older.
 Myth Fact

Answers:

1. Myth. Although lack of sleep has been linked to migraine, too much sleep can also bring on an attack. Aim to get seven to eight hours per night and go to bed and wake up at the same time every day.

migraine lasts more than 72 hours, you should call your doctor.

2. Myth. Only about 20% of people with migraine have an aura, which is a warning sign that an attack is about to begin. The symptoms usually last less than an hour and may include flashing lights, wavy lines, ringing in the ears or changes in smell, taste, or touch.

4. Myth. You can have migraine at any time of the day, though nearly half occur between 4 a.m. and 9 a.m. Researchers believe that's because the body tends to produce less of its natural painkillers, such as endorphins, in the early morning hours.

3. Myth. Most migraine attacks last between 4 and 72 hours, but they can last longer. If a single

5. Fact. Migraine tends to peak between ages 35 and 40. Most people report fewer attacks that are less painful as they age.

Sources: National Headache Foundation, Cleveland Clinic, American Migraine Foundation, The Migraine Trust, *Cerebrum*

BY THE NUMBERS

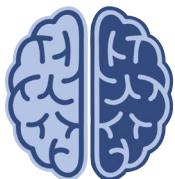
Migraine

FACTS AND STATS ABOUT THIS NEUROLOGICAL DISEASE

By Heather Hatfield



66%
Percentage of migraine attacks in which only one side of the head is affected



33%
Percentage of migraine attacks in which both sides of the head are affected

113
Million work days lost due to migraine

Every 10 Seconds

How often someone in the U.S. goes to the ER for a migraine or headache

ABOUT

4

Million Americans have chronic daily migraine (a migraine occurs 15 or more days in a month)



Number of certified headache specialists in the U.S.

20-55
Age range at which a person is most likely to have migraines



39 million

Number of people who have migraine in the U.S.



Sources: Migraine Research Foundation, American Migraine Foundation

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WORK MATTERS

Migraine in the Workplace

SIX TACTICS TO NAVIGATE OFFICE OBSTACLES

By Erin O'Donnell

Few things make a workday more difficult than a pounding migraine. More than 90% of people with migraine are unable to work or function normally when one strikes, the Migraine Research Foundation reports. Try these six tips for succeeding on the job from Rami Burstein, PhD, academic director of the Comprehensive Headache Center and vice chair of research in the Department of Anesthesia, Critical Care, and Pain Medicine

at Beth Israel Deaconess Medical Center in Boston.

Maintain healthy habits. Set an alert on your phone that reminds you to walk to the water cooler once an hour to refill your glass, a habit that will keep you hydrated and give your brain and body a break from the computer. Schedule 10-minute stress relievers on your daily calendar. Consider downloading short deep-breathing, meditation, or visualization exercises on



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your phone—listen to them through headphones at lunch. Anecdotal evidence suggests that regular stress reduction may prevent migraines, Burstein says.

Act quickly. Keep the medication you use to stop a migraine on hand at all times and take it as soon as you feel an attack coming on. “Almost all migraine medication works much better if patients treat early,” Burstein says. “Even if it does not make you pain-free, it can reduce the headache intensity.” In some cases, this may allow you to stay at work.

Adjust the lighting. For many people, the imperceptible flicker of fluorescent lights can set off a migraine, says Burstein, who has conducted research on the effects of different types of light on migraines. Incandescent or LED bulbs are less likely to cause problems, so if you have control over your desk lighting, make the switch. If you develop a migraine at the office, do what you can to reduce nearby light. Turn off task lights at your desk, dim your computer screen, and close nearby blinds, Burstein says.

Avoid strong scents. “One common trigger of migraine is perfume,” Burstein says. This is particularly problematic if you share close quarters with a fragrant officemate. You can politely ask colleagues not to wear perfume or cologne at work, but since they may disregard your request, find other ways to avoid triggering

smells. Steer clear of small spaces where you might encounter fragrances. Avoid the elevator at peak times, for example, and take the stairs, he suggests.

Educate others. For a long time, migraine was wrongly viewed as a psychological problem of women, Burstein says: “Today we know much more about migraine—and that it is a real neurological disorder. The social stigma that used to go with migraine is going away.” But this education process takes time. Tell trusted coworkers a little about what happens when you get a migraine. Explain that you’re not trying to shirk your duties, and that you appreciate their support. Seek out understanding colleagues who can provide backup when migraine strikes.

Consider talking with your boss. Some of Burstein’s patients choose not to discuss their migraine with supervisors, out of concern that this will hurt their chances to work on big projects. But leveling with your boss may provide you the opportunity to make concrete suggestions that could improve the environment for you, such as replacing lightbulbs and asking colleagues to refrain from wearing fragrances. Talking with a sympathetic supervisor or human resources contact gives you the chance to reassure managers that even if you have to take time off, you intend to complete your work once the migraine passes.



I see migraine
as an obstacle
we can tackle
together.

-Julian P.

Kristen has migraine. Julian does not.
But they're stronger together.

Even if you don't personally have migraine,
Speak Your Migraine has something for you.

We're here to educate people about the
true impact of this disease, and we need
everyone's help to do it.

Check out SpeakYourMigraine.com for
more information and resources on how
to be a better supporter. Help us create
a more migraine-friendly world.

SPEAK YOUR MIGRAINE

TURN PRIVATE PAIN INTO COLLECTIVE CHANGE

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Kristen G. is an actual migraine patient.
Kristen G. and Julian P. have been compensated for their time.