

Migraine

Migraine attacks are a common medical problem. Nearly 20% of the population suffers from a migraine at some point in their lifetime. It accounts for a significant percentage of time lost from work. The word “migraine” literally means “half of the head”. This comes from the frequent occurrence of a headache predominantly on one side of the head. Migraine is also associated with other symptoms such as nausea, vomiting, dizziness, lightheadedness or bowel disturbances. A wide variety of other central nervous system symptoms have also been reported. Often visual disturbances are the first symptoms to occur. These disturbances may consist of flashes of light, jagged lines, kaleidoscope-like distortion, light sensitivity, lightning arcs, tunnel vision, loss of peripheral vision or double vision. The real cause of this phenomenon is not known. The mechanism of action deals with blood vessels in the brain. They initially constrict. During this constriction phase, the portions of the brain served by that blood vessel have decreased blood flow and therefore reduced function. This accounts for the wide variety of possible symptoms. Next, the blood vessels begin to dilate. Normal neurological function is restored as blood flow returns to normal levels. However, the vessel expands beyond its normal diameter and a throbbing headache in the area of that blood vessel develops. The central nervous system symptoms usually last only a few minutes to an hour. The associated pain, on the other hand, may last several hours to days.

When a person experiences such an attack, it is labeled a “**classic**” or “**common**” migraine. Interestingly, a person may experience only the visual disturbances without pain or a headache. These are labeled an “**ocular**” or “**acephalgic**” migraine. Certain trigger mechanisms can sometimes be identified which tend to precede migraine attacks. These include stress, fatigue, over-work, exercise or emotional disturbances. Often, no cause is identified. Migraines are a “**diagnosis of exclusion**” meaning other more serious problems need to be ruled out. A complete history and physical should be performed. A neurologic evaluation along with imaging studies such as a head MRI should be scheduled. A comprehensive eye exam including visual field testing is also recommended. **Treatment** may not be necessary if attacks occur rarely and are not debilitating. However, if they become frequent, progressive or debilitating then treatment may be required. An internist, neurologist or pain specialist would work with the patient to find the treatment best suited to that individual.

In conclusion, migraine attacks are a common problem. Most cases are self-limited. A thorough evaluation is recommended to properly diagnose the condition. Treatment may be necessary with certain patients.