

MIGRAINE PATIENT TOOLKIT

Your Guide to Understanding & Managing Migraines



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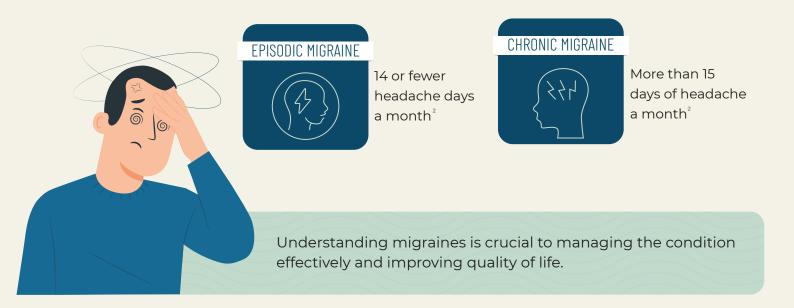


What is a Migraine?

Migraine is a severe, pulsating pain, usually on one side of the head, often accompanied by other symptoms such as nausea, vomiting, and sensitivity to light and sound¹

Not merely a 'bad headache' but a complex condition with attacks that can last from 4 to 72 hours².

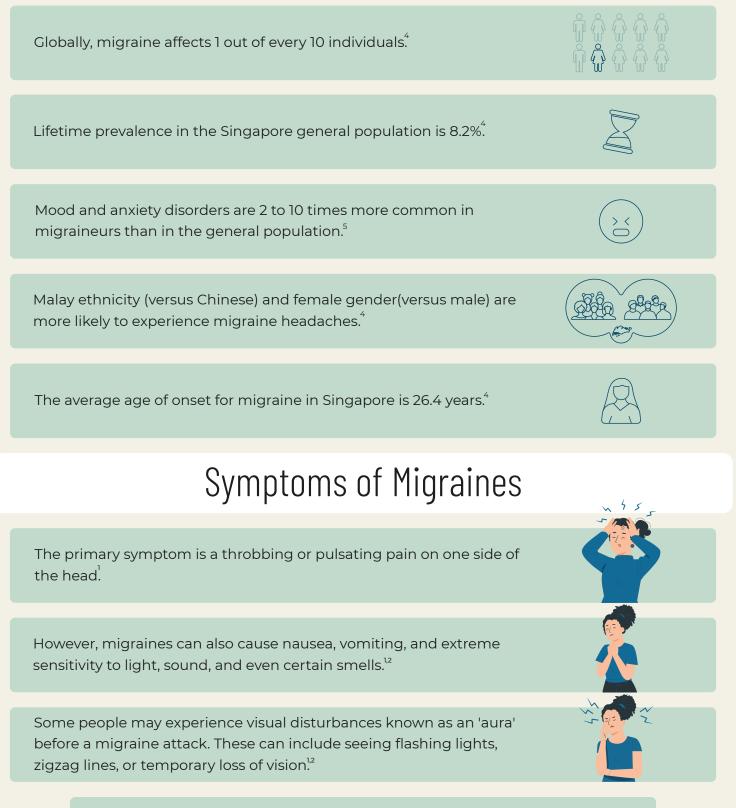
The condition can be so severe that some patients require hospitalisation to relieve their pain.³



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Impact of Migraines



Recognising these symptoms is the first step towards managing migraines effectively.

- 4. Jeyagurunathan, Anitha, et al. Prevalence and Comorbidity of Migraine Headache: Results from the Singapore Mental Health Study 2016. Social Psychiatry and Psychiatric Epidemiology, 2020, 55(1): 33-43. doi:10.1007/s00127-019-01755-1.
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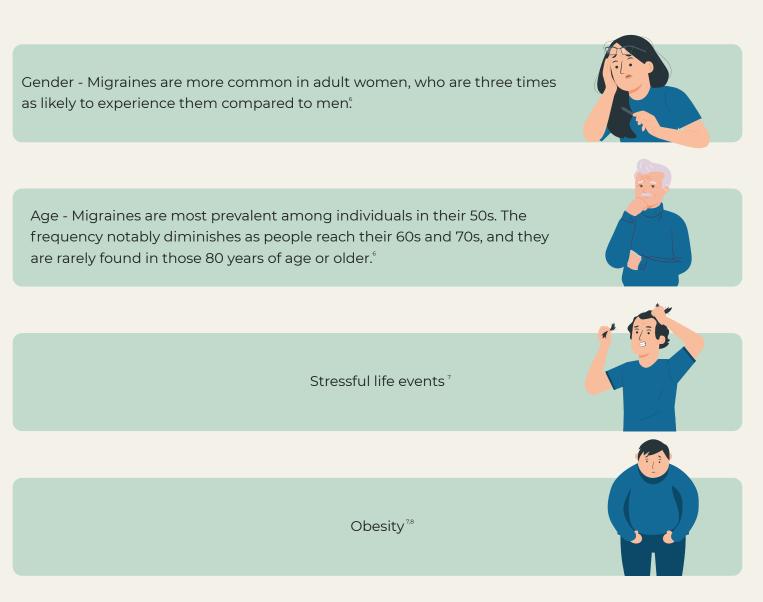


Risk-factors

Genetics - If a person has one parent who suffers from migraines, there's a 40% chance they will experience them too. This likelihood increases to 75% if both parents have migraines.⁶

- 6. MacGregor, E Anne. "Migraine." Annals of internal medicine vol. 166,7 (2017): ITC49-ITC64. doi:10.7326/AITC201704040
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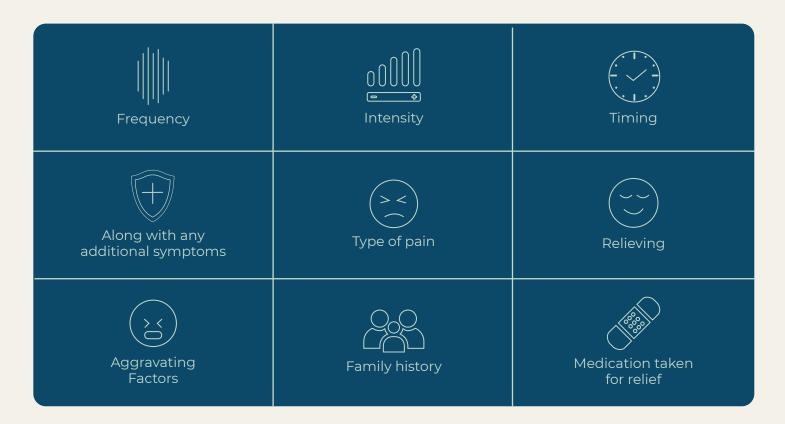




Diagnosis & Treatment

Diagnosing migraines involves a thorough evaluation of symptoms and medical history.⁷

Healthcare professionals assess the frequency, intensity, timing, and type of pain, along with any additional symptoms, relieving and aggravating factors, family history, and medications taken for relief.¹⁷



Imaging studies like MRI or CT scans may be used to exclude other potential causes of headaches.⁷

Once diagnosed, a tailored treatment plan is developed. Migraine treatment can be categorised into preventive and relief medications.^{1,2,7}

Preventive medications, taken daily, reduce the frequency and severity of attacks. They include CGRP inhibitors, beta-blockers, and antidepressants.^{12,3}

Relief medications, used to stop or reduce the intensity of an ongoing attack, include CGRP inhibitors, NSAIDs and triptans.^{1,2,7}





Living with Migraines

Managing migraines effectively requires a comprehensive approach that encompasses various aspects of daily life. Backed by credible doctors and healthcare professionals, the SMART strategy⁹ offers a holistic way to manage migraines:

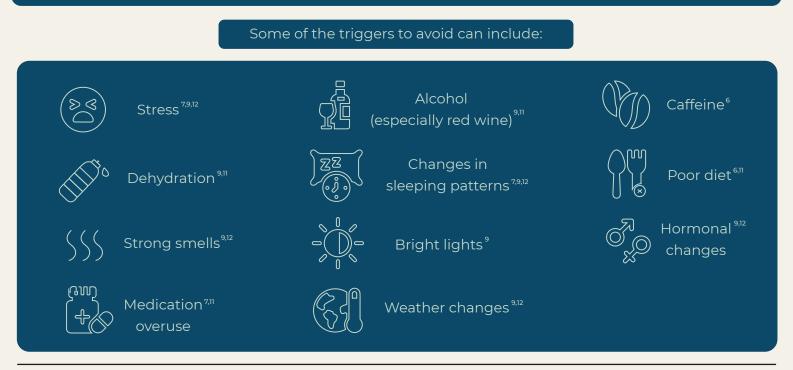
S (Sleep): Maintaining a consistent sleep schedule and ensuring 7-9 hours of good quality sleep each night can significantly impact migraine management. Relaxation therapies, meditation and yoga can help[°]

M (Meals): Eating meals punctually and not skipping meals is vital. Proper nutrition and staying hydrated can prevent triggers that lead to migraines. Avoid triggers like alcohol, dairy products, caffeine^{7,9,10}

A (Activity): Staying active is essential for overall health and well-being. A recommended 150 minutes of moderate-intensity physical activity per week can enhance circulation and reduce stress, both of which are beneficial in managing migraines.^{9,11}

R (Relaxation): Mindfulness practices and relaxation techniques can help in stress reduction, a common trigger for migraines. Activities like meditation, deep breathing, or engaging in hobbies can promote relaxation and contribute to migraine prevention.^{9,10}

T (Triggers): Triggers can vary widely among individuals, and not everyone will experience all of them. Keeping a migraine diary (See page 8 for a template) to track these triggers and working with healthcare providers to understand and avoid them can make a significant difference in migraine management^{9,10}



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Remember, you are not alone, and seeking help is always an option

Workplace: Clear communication with colleagues and supervisors about your condition can help manage work-related stress and responsibilities.¹³

Family: Open dialogue with family members about migraines can reduce stress and anxiety, fostering understanding and support.^{14,15}

Professional Help: Consultation with healthcare providers for personalised treatment options is essential.

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Migraine Diary

Keep track of essential details related to your migraines by filling in the following table everyday:

Week 1

Symptoms	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
How I feel 1 = Bad, 2= OK, 3 = Great							
Headache							
Migraine							
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body							
Period							
Stress							
Slept badly							
Others							
Exercise							
Exercised							
Meditation / Yoga							
Others							
Medication							
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							



Keep track of essential details related to your migraines by filling in the following table everyday:

Week 2

Symptoms	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
How I feel 1 = Bad, 2= OK, 3 = Great							
Headache							
Migraine							
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body							
Period							
Stress							
Slept badly							
Others							
Exercise							
Exercised							
Meditation / Yoga							
Others							
Medication							
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							



Keep track of essential details related to your migraines by filling in the following table everyday:

Week 3

Symptoms	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
How I feel 1 = Bad, 2= OK, 3 = Great							
Headache							
Migraine							
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body							
Period							
Stress							
Slept badly							
Others							
Exercise							
Exercised							
Meditation / Yoga							
Others							
Medication							
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							



Keep track of essential details related to your migraines by filling in the following table everyday:

Week 4

Symptoms	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
How I feel 1 = Bad, 2= OK, 3 = Great							
Headache							
Migraine							
Intensity of migraine 1 = Mild, 2 = Moderate, 3 = Severe							
Body							
Period							
Stress							
Slept badly							
Others							
Exercise							
Exercised							
Meditation / Yoga							
Others							
Medication							
Did it help? 1 = Not at all, 2 = Partly, 3 = Completely							

Feel free to print additional copies of this table or use it as a guide to create a digital version. Regularly reviewing and sharing this diary with your healthcare provider can be instrumental in your migraine management journey.



Medical Glossary



Age of onset: The age at which a person first experiences a particular condition or symptom.[™]

Anxiety disorders: Mental health disorders characterised by significant feelings of anxiety and fear, which may trigger migraines in some individuals.^{5,17}

Aura: A warning sign of an impending migraine, often involving visual disturbances or other sensory changes.^{2,7}

CGRP Inhibitors: Medications that target a specific protein involved in migraine attacks."



Computed Tomography (CT) Scan: An imaging technique used to visualise the brain and rule out other causes of headaches.¹⁹

Lifetime prevalence: Proportion of participants who had ever received a diagnosis of a chronic condition by a clinician up to their age at interview (assessment).⁴

Magnetic Resonance Imaging (MRI): A medical imaging technique used to visualise detailed internal structures of the body, including the brain.⁷



Migraine trigger: Specific factors or conditions that may initiate a migraine attack.

Nonsteroidal Anti-Inflammatory Drugs (NSAIDs): Over-the-counter medications used to reduce inflammation and pain.²⁰

Pulsating pain: A throbbing or rhythmic pain, often associated with migraines.²⁶



Sensitivity: Heightened response to stimuli, such as light or sound, often experienced during a migraine.¹²

Triptans: A class of medications used to treat migraines by targeting specific neurotransmitters.¹

Non-Medical Glossary



Dehydration: Lack of sufficient water in the body, a common migraine trigger.²¹

Diet: The kinds and amounts of food one habitually eats; certain foods may trigger migraines.²²

Migraine Diary: A record of when migraines occur, including potential triggers and symptoms, to help identify patterns.⁷



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- 12. Kelman, L. "The triggers or precipitants of the acute migraine attack." Cephalalgia : an international journal of headache vol. 2007; 27: 394-402. doi:10.1111/j.1468-2982.2007.01303.x
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The information contained herein is solely meant as a guide and is not a substitute for medical advice or diagnosis from a healthcare professional. Kindly consult your healthcare professional for further information.

