Transcript Details
This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: https://reachmd.com/programs/rethinkingmigraine/how-migraine-triggers-guide-treatment-plans/9970/

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How Migraine Triggers Guide Treatment Plans

Announcer:
This is ReachMD. Welcome to this special series, Rethinking Migraine, sponsored by Lilly.

On this episode, titled *Understanding Migraine Triggers*, we will hear from Dr. Brad Klein, Medical Director at the Abington Headache Center in Willow Grove, PA.

Dr. Klein:
Patients with headaches often feel they are not being taken seriously. They want relief, to understand what it is, and know that we, as providers, truly care for their well-being. As we develop a plan of care for a patient, we need to ensure we consider the patient's expectations, needs, and goals. While we have a number of pharmacological options, our focus should first be helping the patient understanding their triggers as best as possible, empowering them in getting to the root of the problem where feasible. After understanding their triggers to the best of their abilities, I then like to consider options that might help a patient using nonpharmacological means, and this must take into account a patient's preference, availability, time, and budget. Some options that have strong evidence include: cognitive behavioral therapy, relaxation technique training, and biofeedback training. You may ask, "Well, what is biofeedback training?" Well, biofeedback training is a way of getting to your Zen place, a meditative place. But the problem with Zen and meditation is, of course, how do we know we're doing it correctly? So biofeedback takes meditation one step further and that could be by thermoregulation, that could be by electromyography. In the setting of thermoregulation, a patient may put their fingers in a temperature probe and as we relax, our parasympathetic system activates, and thus, our temperature actually increases in our fingers, and that information gets transmitted to a video screen to let us know we're doing it correctly. And after doing this several times, it can be a skill that we develop, and it is ours going forward. And again, it's a nonpharmacological treatment that has very good data behind it. Particularly for patients who are looking for nonpharmacological treatments, this may be a very viable option including, for instance, a pregnant patient. Now, data also suggestions that aerobic exercise can improve the frequency, intensity, and duration of headaches as well, perhaps by releasing natural endorphins amongst other benefits. However, it may also be a trigger, for up to 20% of migraineurs as well. Furthermore, many patients have neck and shoulder tightness and maybe physical therapy is a good choice for that patient population, because neck and shoulder spasms can trigger headaches and headaches can trigger neck and shoulder spasms. So an opportunity where they can learn to stretch more effectively can also help them. Additionally, we need to keep in mind of hygiene for sleep, adequate nutrition/hydration. Not just eating the right foods, but the timing of nutrition, because if you wait too many hours, maybe your blood sugars drop, and that can also trigger a number of people with headaches. And of course, we might need to combine behavioral treatments and medications as this combination may result in a higher responder rate and is often necessarily employed in patients with frequent and/or severe headaches. Now, the key to pharmacological treatment is understanding first that the separation most patients will need treatment plans to abort or rescue them from a specific headache and, depending on the frequency and severity of their headaches, they may also need a daily medication. Thus, patients may leave a provider's office with a preventative medication and at least one rescue or abortive medication. Now, with respect to abortives, because we understand that migraine is largely an inflammatory state of the brain, general anti-inflammatory medications such as NSAIDs, as well as specific neural anti-inflammatory medications such as triptans, are common first-lines to consider, either individually or combined, because of the synergy working in two different pathways. With respect to preventatives, there are a number of medications that are FDA-approved, or otherwise recommended, based on existing literature. While the discussion of choice exceeds the time of this discussion, it is important to consider a preventative that may address a patient's comorbid challenges, including poor sleep, mood, weight, or high blood pressure.

Announcer:

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