



## Weather and Migraine



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*Thank you to Werner Becker, MD, FAHS; Caitlin Holtby, MD, MSc; and Fabio Nascimento, MD for their contributions to this spotlight!*

# Do weather changes trigger migraine headaches?

Many people with migraine think they do. Surprisingly, some scientific studies have been unable to show a clear link between weather patterns and migraine.

For example, a study from Vienna, Austria, that included 238 patients found that, "The influence of weather factors on migraine and headache is small and questionable." Other studies have shown, however, that weather changes can be an attack trigger for some people with migraine.

It can be difficult to prove scientifically that a particular weather pattern tends to trigger migraine attacks. A migraine trigger is a factor that temporarily increases the chances that a person with migraine will experience a migraine attack. Any single person may have a number of migraine triggers, so even if weather changes are one of them, many of that person's migraine attacks may be caused by other triggers.

In addition, often a single trigger—like a specific weather change—may not be able to start a migraine attack by itself unless the weather change is very dramatic. The weather change may only "cause" a migraine attack if it is able to add together with another trigger, like a meal containing monosodium glutamate or a glass of red wine. Also, the weather change may only be able to trigger an attack if the person is already migraine-prone because of fatigue,



stress, or lack of sleep. Therefore, it may be hard to clearly see a relationship between a certain weather pattern and the onset of migraine attacks.

Finally, not all people with migraine are weather sensitive. Among those that are, some may be sensitive to one weather pattern and others may be sensitive to another one. Additionally, there may be a time delay of a number of hours before the migraine attack follows the trigger.

Even if scientists have a hard time providing proof, however, no one knows your migraines as well as you do, and if you feel you are a “human barometer” you may be right!

1. WJ Becker. Weather and migraine: can so many patients be wrong. *Cephalalgia*. 2010; 31: 387-390.
2. Zebenholzer K1, Rudel E, Frantal S, Brannath W, Schmidt K, Wöber-Bingöl C, Wöber C. Migraine and weather: a prospective diary-based analysis. *Cephalalgia*. 2011 Mar;31(4):391-400.

## How many people with migraines are weather sensitive?

No one knows for certain what proportion of people with migraine are truly weather sensitive. Among all those with migraine, just over one-third feel that certain weather patterns trigger at least some of their attacks. In those with more severe migraine—that is, patients who are attending a headache clinic—one study found that just over half felt that weather triggered some of their migraine attacks. A smaller proportion of these patients with migraine, about 10%, felt that weather patterns triggered at least two-thirds of their attacks. The specific weather pattern which people feel they are sensitive to varies from person to person.

1. Kelman L. The triggers or precipitants of the acute migraine attack. *Cephalalgia* 2007; 27: 394-402.
2. Chabriot H, Danchot J, Michel P, Joire JE and Henry P. Precipitating factors of headache. A prospective study in a national control-matched survey in migraineurs and nonmigraineurs. *Headache* 1999; 39: 335-338.

## Which weather changes trigger migraine headaches?

The specific weather patterns or changes in weather that might trigger your migraine attacks depends on you. Every person with migraine likely has a unique set of triggers which may include stress, certain foods, alcohol, and other factors. In the same way, some people with migraine are likely sensitive to one weather factor, and others are sensitive to other factors.

An American study found that some people with migraine appear to be sensitive to changes in temperature and humidity. Another American study found that higher temperatures increased the number of patients with migraine who went to the emergency department with headache.

Barometric pressure may be another factor. One study looked at whether falling barometric pressure seemed to trigger headaches during a time when a typhoon hit Japan. It found that 75% of people with migraine had migraine attacks associated with the drop in barometric pressure, while only 20% of people with tension-type headache experienced an attack.

tended to have more migraines the next day when the wind was blowing, although this increased risk was only present if the wind was quite strong. So, even though both groups were Chinook sensitive, there seemed to be two different ways in which this weather system could trigger migraines.

In conclusion, many different weather patterns have been found in different research studies to increase the chances of having a migraine attack in some people, but not in others. Just how these weather patterns cause this is not known.

1. Cooke LJ, MS Rose, WJ Becker. Chinook winds and migraine headache. *Neurology*. 2000. 54: 302-309.
2. Okuma H, Y Okuma, Y Kitagawa. Examination of fluctuations in atmospheric pressure related to migraine. *Springerplus*. 2015: 4; 790
3. Yang AC, J-L Fuh, NE Huang, B-C Shia, S-J Wang. Patients with migraine are right about the perception of temperature as a trigger: time series analysis of headache diary data. *The Journal of Headache and Pain*. 2015: 16; 49-56.
4. Hoffmann J, H Lo, L Neeb, P Martus, U Reuter. Weather sensitivity in migraineurs. *Journal of Neurology*. 2011: 258; 596-602.
5. Prince PB, AM Rapoport, F Sheftell, SJ Tepper, ME Bigal. The effect of weather on headache. *Headache*. 2004: 44; 596-602.
6. Bekkelund SI, K Hinberg, H Bashar, F Godtliessen, KB Altadhuang. Sun-induced migraine attacks in an arctic population. *Cephalalgia*. 2011: 31; 992-998.

## What can you do to prevent and treat weather-related migraines?



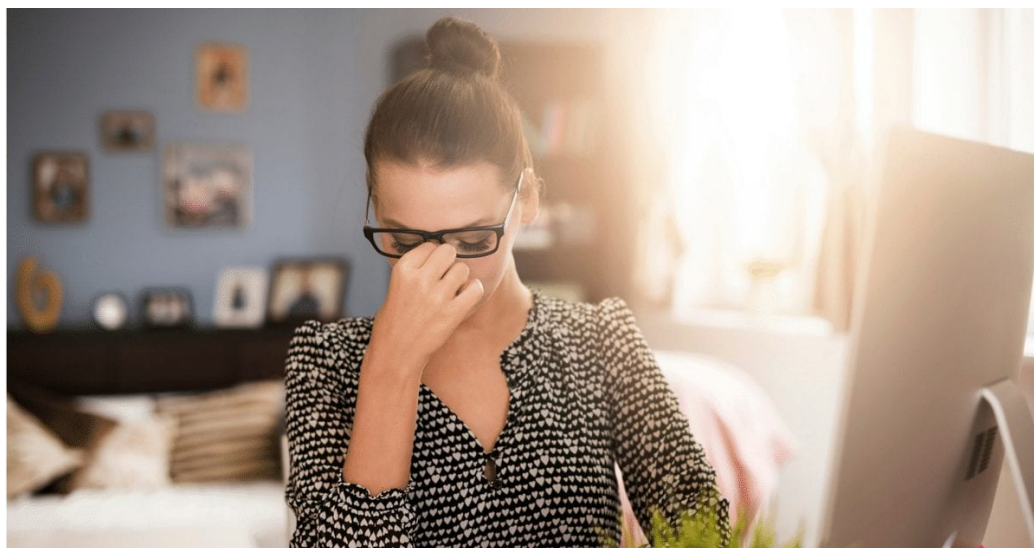
Although some migraine attack triggers, like red wine, can be avoided—there is no avoiding the weather! Although moving to another area with perhaps more stable weather can be considered, there are no guarantees that this will work as people all over the world seem to feel that some of their attacks are triggered by certain weather patterns.

triptans (sumatriptan and others) being the most important medications. If frequent migraine attacks, weather-related or otherwise, are a problem for you, then see your doctor and ask if one of the daily preventive medications (beta-blockers, amitriptyline, topiramate, and others) might be helpful for you.

If a particularly powerful weather system that you know you are sensitive to is moving in, you could try taking an NSAID like naproxen which has a long duration of action preventatively for a day to see if this will help. A long-lasting triptan like frovatriptan could also be tried. There is no proof that this will be helpful, and if you do try it, then it is important to keep a diary with a record of your medication use, as using these acute migraine medications too often can lead to medication overuse headache with more and more frequent headache attacks. NSAIDs should not be used on more than 14 days a month and the triptans should not be used on more than 9 days a month if medication overuse headache is to be avoided.

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Tackling Pediatric Migraine Head-On: Lexi and Keith DiMarino

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## FMLA for Migraine

The 20th anniversary of the federal Family and Medical Leave Act (FMLA) this year (2013) seems like a perfect opportunity to provide a basic overview of the law and how it can help Migraine patients.

The FMLA was enacted by Congress in 1993 to protect workers who become ill themselves, who become parents (either through adoption or birth), or who have ill family members in need of care. The FMLA applies to private, local, state and federal employees as long as certain requirements are met.

These requirements are:

- The employee had 12 months of employment within the previous seven years;
- The employee worked 1,250 hours during the 12 month period; AND
- The employee worked at a site with 50 employees or where his or her employer has 50 employees within a 75-mile radius.



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- A qualifying circumstance relating to military duty.

Note that FMLA leave is unpaid. While you may be able to use paid leave otherwise available to you during this time to maintain your income (such as sick or vacation leave) the most significant protection of the FMLA is maintaining your employment status when you need to be gone from work for covered purposes—not your income. The other big benefit of the FMLA is that your employer must maintain your employer-provided health insurance benefits during your leave. Finally, covered employees are generally entitled to return to a position with the same pay, benefits, duties and terms as before the leave was taken.

Your ability to use vacation or sick leave concurrently with your FMLA leave depends entirely on your employer's policies and your ability to comply with them. This usually comes up with regard to the notice required in employer leave policies. Even if you can't use your paid time off, however, if you're entitled to FMLA leave, you can take it.

One incredibly beneficial aspect of the law for both episodic and chronic Migraine patients is that the 12 weeks of leave can be taken all together or periodically as need. It can also be taken on a part-time basis.

As an employee seeking to take advantage of FMLA leave, you must give your employer at least 30 days notice, if the reason for needing leave is foreseeable. You must provide as much notice as is practicable if the reason you're seeking FMLA leave is unforeseeable.

Finally, employers can require doctor certification of your condition initially and a re-certification every six months for conditions of an ongoing nature.

FMLA leave is an important protection for the Migraine patients covered by it. In particular, for those Migraineurs who find their employer-provided leave being eaten up by missed days of work and still need more time off due to the debilitating nature of migraine disease, the FMLA can be an important safety net.

*Diana Lee is an attorney, Migraine patient advocate and educator and Migraineur. She blogs at SomebodyHealMe.com and **Migraine.com**. She runs a bimonthly Migraine Chat that provides support and information for migraine patients and a monthly Headache and Migraine Disease Blog Carnival for other headache disorders bloggers.*

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## Kids with Chronic Migraine do Better in School...

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# Chronic Migraine and Children in School

Childhood is full of challenges. For some children, one of the greatest challenges is migraine. Young migraineurs, especially those with attacks on more than 15 days per month (i.e., chronic migraine), tend to have a lower quality of life and more difficulty in school than children without migraine.

A team of scientists from the Cincinnati Children's Hospital recently looked at ways to improve quality of life and performance in school in 135 boys and girls (10-17 years old) with chronic migraine. For a year, they treated them with medication (amitriptyline, an antidepressant) and either psychotherapy or headache education.

Children in both groups felt better overall — so much better that they were about the same as children who do not have migraine. But for performance in school, only the children who had received psychotherapy did about as well as their healthy peers.

Based on their findings, the researchers concluded that psychotherapy plus medication is a good way to help children with chronic migraine do better in school. . .and feel better about life!

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## Stress and Migraine

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Mia Minen, MD MPH

## Key Points:

- Stress is correlated with migraine.
- Stress can have physical and emotional influences on the body, which are thought to influence migraine.
- Talk to your health care provider if you experience these symptoms.
- There may be techniques you can employ to lower your stress levels.

## Introduction

Research shows that the brains of people with migraine are different from people without migraine. The brains of migraineurs may respond differently to pain, light and smell.

The brain is considered the organ that senses stress, like a car alarm for a car. It identifies what is or may become stressful, and it attempts to manage the stress. Its effects may be beneficial or unhelpful to the individual, and its response may be physical or emotional.

Stress is a trigger for migraine in almost 70% of people, and one study revealed that 50-70% of people had a significant association between their daily stress level and their daily migraine activity. Stressful life circumstances, such as childhood abuse, post-traumatic stress disorder, and poor socio-economic circumstances are known contributors to stress and its impact on migraine. In addition, everyday stressors can also influence migraine.

Research is being done to better understand the brain's response to stress. Certain internal physical factors can affect the body's stress load. Such factors include:

- Issues with blood sugar
- Dysfunction in the autonomic nervous system (which controls our heart rate, blood pressure, etc.)
- Increased levels of proinflammatory cytokines (chemicals sometimes produced by the body when there is infection or inflammation)
- Hormone levels
- Changes in sleep patterns

It is important to note that medications taken may also influence our body's physical processes, which can, in turn, affect our body's balance. For example, research has shown that chronic migraineurs with medication overuse headache have dysfunction of their corticotrophic (a type of hormone) and somatotrophic (another type of hormone) systems compared to people without migraine.

## Treatment options

Suggestions for minimizing one's stress include:

1. Taking some time for you each day
2. Trying to identify stressful circumstances and developing practical alternative solutions
3. Eating healthy

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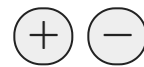
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## Headaches in Children FAQ



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#### Did you know?

- Headaches can be a common problem in children
- Somewhere between 4% and 10% of children have migraine headaches.
- Many adults with headaches started having their headaches as children, with 20% reporting the onset before age 10.
- Most headaches in children are benign – meaning they are not symptoms of some serious disorder or disease.
- Migraine headaches often run in families, so information on other family member's headaches is important.

Headache may interfere with participation in activities and school and can be a significant health problem.

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## Nutrition 101

There are some basic concepts of nutrition that will help you to get the most out of the following 'nutrition and migraine' topics. Welcome to Nutrition 101!

Foods are composed of nutrients, which are used in the body to perform vital tasks. There are five types of nutrients: carbohydrates, proteins, fats, vitamins and minerals.

Carbohydrates, proteins, and fats share one big function—they provide energy to the body to perform work. In food, energy is measured in calories. Just like your car burns gasoline to drive around town, your body burns carbohydrates, proteins and fats in order to walk, talk, cook dinner, and read this page. To plan a healthy diet, it helps to know which foods contain each:

Carbohydrates are found in foods that you might think about as starchy or sweet. Starchy foods are breads, pastas, breakfast cereals, and crackers, and anything that is made with flour or corn. Sugars are also carbohydrates, and you'll find lots of sugars in candies, baked goods, non-diet sodas, and fruit drinks. Carbohydrates travel in your blood as blood glucose, and provide a short-term supply of energy.

Fats are found in foods that you perceive as oily, fatty, or greasy. They can be liquid at room temperature, which are called oils: olive oil, vegetable oil, fish oil, and so on. These liquid oils are unsaturated fats and are generally considered to be a heart-healthy type of fat. Fats can also be solid at room temperature, like butter, shortening, and animal fats. These solid fats can be either saturated fats or trans fats, and have negative effects on heart health. Fats can be stored in the body to provide a long-term supply of energy.

Proteins have the honor of providing energy and serving many functions in the body, like forming muscles. Proteins can come from a variety of foods: meats, dairy foods, eggs, fish, beans, nuts and nut butters. Most Americans get more than enough protein. An average American adult needs to eat only five or six ounces of protein foods per day.

The **vitamins** and **minerals** help to control the body's processes, including growth and development, but they do not provide energy. Minerals are elements found on the periodic table of elements, and our bodies have adapted to use them. For example, iron is needed to carry oxygen in our red blood cells, and calcium is the main element in our bones, along with magnesium and phosphorus (also minerals).

Vitamins have a more complex chemical structure than minerals. They have obvious names like Vitamin A, B, and C, and have essential functions in the body. Vitamin C is necessary for wound healing. The B vitamins are crucial for

## Morning Pickup of Daily Grind:

Caffeine can help treat migraine headaches. Patients often report that coffee or soda helps reduce head pain. Caffeine is also a common ingredient in over-the-counter headache medicines. Many patients note that medicines with caffeine are more helpful than those without. However, caffeine is a drug, and like many other drugs, it can cause problems when overused. Caffeine can be useful when used infrequently, but using it daily can lead to medication overuse headaches, which are also known as “rebound” headaches. Using more than 100 mg of caffeine (either in medicines or in beverages) daily (about the amount in one 8oz cup of coffee) is a known risk factor for developing daily headache.

Some suggestions for caffeine use in migraine patients:

- Episodic migraine patients should limit caffeine intake to one or two beverages daily (or 200mg caffeine).
- Patients with daily headaches should consider avoiding caffeine completely.
- Limit use of caffeine containing medications to no more than two days a week.
- Reduce caffeine intake slowly, by 25% each week, to avoid caffeine withdrawal symptoms.
- The amount of caffeine in different brands and types of coffee varies widely, from 133mg of caffeine in a large McDonald's brew to 415mg in a venti Starbucks. The same is true for different medicines. Consider using an online calculator or talking to your doctor when figuring out your daily caffeine use.
- Caffeine is probably not the only cause of frequent migraines, but reducing caffeine will often help improve headache.



Scher AI, Stewart WF, Lipton RB. **Caffeine as a risk factor for chronic daily headache: a population-based study.** *Neurology*. 2004; 63(11):2022-27.

Caffeine Content of Food & Drugs. (November 2014). Retrieved from <http://www.cspinet.org/new/cafchart.html> on December 7, 2015.

## Hunger and Headache

Migraine sufferers often note that missing meals can trigger headache. Long periods of time between meals may trigger migraine attacks, or cause headache to be more severe because of low blood glucose levels. The risk of developing a headache increases with the amount of time between meals. Migraine patients should make time for small frequent meals. Regular daily meal times, in addition to regular sleep schedules and exercise, are associated with less frequent migraines.

## Migraine Dietary Triggers

Migraine is a very common problem. It affects about 18% of all women and 6% of all men. Studies have shown migraine is a genetic disorder, however, environment, lifestyle, and diet can still play a large role in how often you get migraines.

Commonly reported migraine triggers include alcohol (especially red wine and beer), chocolate, aged cheese, cured meats, smoked fish, yeast extract, food preservatives that contain nitrates and nitrites, artificial sweeteners, and monosodium glutamate (MSG). There are a few important things to remember about migraine food triggers:

- Migraine attacks are often due to multiple factors. There are many non-dietary trigger factors for migraine. When you're already stressed, not sleeping well, and not exercising, eating a food trigger may make it more likely to have a migraine attack. In this case, it is the combination of all of these different things that contribute to the migraine, and not just the one food.
- Not all of these foods will trigger a migraine attack in every person with migraine. Your personal food triggers can be difficult to figure out. Here are some suggestions:
- Keep a food diary along with your headache diary, to help identify what you ate before migraine attacks.
- Some foods can trigger a headache right away, while with other foods the headache can be delayed up to 24 hours.
- If you think a specific food is triggering migraine attacks, you may try to avoid that food for a month. Monitor your symptoms to see if they improve.
- Be careful about trying extremely strict diets. There is a risk of avoiding foods that are not necessarily migraine triggers and you may be missing out on many important nutrients.

### Reference:

Sun-Edelstein C and Mauskop A. *Foods and supplements in the management of migraine headaches.* *Clin J Pain*

## Healthy Head

The Dietary Guidelines for Americans (DGA) make food recommendations to help you live a healthier life. Some recommendations are:

- Aim for half of your grains to be whole grains. Whole grains have more fiber and vitamins. Try to change things like white bread, white rice, and pasta in your diet to whole grains.
- Aim for increasing fruit and vegetable intake. Half your plate should be fruits and vegetables, every time! Eat a variety of vegetables.
- Aim to eat healthy fats, not low fat. Limit "saturated" and "trans fats" when possible. Try to increase seafood consumption to two to three times per week to get your omega-3 fats.
- Limit sodium to less than 2300 mg/day. Most salt in our diets comes from processed foods (heat-and-eat frozen meals, canned soups, and ready-to-eat snacks like chips and crackers). Cook "from scratch" whenever possible, or choose foods labeled as "low sodium" whenever possible.



In addition to the basics of a healthy diet, there are a few things to think about if you have migraines:

- Don't skip meals, especially if this triggers migraines.
- Consider eating 5 small meals per day. Eat a carbohydrate with a protein or a good fat to stay full longer.
- Don't eat or drink anything that you KNOW triggers your migraine. Some common food "triggers" are alcohol, aged cheeses, caffeine, and chocolate.
- Drink water through the day instead of sugary drinks like soda or juice.

### Reference

U.S. Department of Agriculture and U.S. Department of Health and Human Services. Dietary Guidelines for Americans, 2010.

7th edition, Washington, D.C.: U.S. Government Printing Office, December 2010. <http://health.gov/dietaryguidelines/dga2010/DietaryGuidelines2010.pdf>

Rockett, F. C. et al. Dietary aspects of migraine trigger factors. *Nutr. Rev.* 70, 337–356 (2012).

Urinary & Kidney Team. *What The Color of Your Urine Says About You (Infographic)*. *Health Essentials from Cleveland Clinic*. <http://health.clevelandclinic.org/2013/10/what-the-color-of-your-urine-says-about-you-infographic/>. Accessed November 10, 2015

## Dietary Supplements for Migraine Prevention

A majority of patients with migraine have tried using minerals, herbs, and vitamins to treat their headaches. Patients have different reasons for using supplements, including the idea that they are "more natural" or do not require a prescription. Because these complementary and alternative treatments can affect pain pathways and other body functions similar to prescription medications, it is important to be aware of the nature of these supplements, including potential side effects and the quality of evidence supporting their use for migraine prevention.

### Riboflavin (vitamin B2)

Riboflavin (vitamin B2) was studied as a migraine preventive in a few small trials and found to be potentially helpful in preventing migraine in adults. However, two pediatric studies with riboflavin did not show any benefit in children. Even though the evidence from clinical trials to use riboflavin isn't strong, both the American Academy of Neurology (AAN) and the Canadian Headache Society recommend its use in adults with migraine, because it is well tolerated and side effects are very limited and mild. Some people can experience diarrhea or frequent urination, and it's common to see bright yellow urine. The recommended dose in adults is 400 mg of riboflavin per day, and it can take at least two to three months to see benefit.

by the Canadian Headache Society strongly recommend its use despite the low-quality evidence because it is well tolerated. Side effects of CoQ10 are rare, and can include loss of appetite, upset stomach, nausea, and diarrhea. Adults typically use 100 mg three times a day, and while the best dose in children is not clear, one to three mg/kg is frequently suggested. Similar to riboflavin, it can take three months to see benefit.



## Magnesium

Magnesium is a mineral that is important for a number of body functions, and binds to specific receptors in the brain involved in migraine. Low brain magnesium has been associated with migraine aura. Studies suggest magnesium supplementation can be helpful for migraine with aura and menstrually-related migraine. Both the AAN and Canadian guidelines recommend its use for migraine prevention, either as oral magnesium citrate 400-600 mg daily or by eating more magnesium rich foods.

## Petasites (Butterbur)

Petasites, an herb from the butterbur shrub, has been shown to be helpful in reducing migraine frequency in three randomized, placebo-controlled studies. In these studies, the optimal dose was 150 mg per day and it took three months to see headache improvement. For that reason, it has been deemed effective in preventing migraine by the AAN. However, because of a rare but serious risk of liver toxicity, Petasites has been removed from the market in many European countries and many headache experts in the United States have also stopped recommending its use.

## Feverfew

Feverfew is an herb sometimes used in migraine prevention. There have only been a limited number of studies, however, and they have given conflicting results. The AAN guidelines give feverfew a second-line, level B recommendation for migraine prevention, supporting the idea that it is probably helpful. Side effects can include abdominal pain, nausea, vomiting, and diarrhea. Chewing raw feverfew can cause mouth sores, loss of taste, and swelling of the lips, tongue, and mouth. Feverfew can also increase the risk of bleeding, especially in individuals already on blood-thinning medications or aspirin. Feverfew should not be used during pregnancy.

In conclusion, there are many different herbs, vitamins, and minerals that can be helpful in preventing migraine. Regardless of which one is tried, patients must be upfront with their physicians about using such supplements and keep in mind that it can take two to three months of consistent use to see benefit. In addition, women who are pregnant or considering pregnancy should discuss with their physician prior to using any supplements for migraine.

### Reference:

Tepper SJ. Neutraceutical and other modalities for the treatment of headache. *Continuum* 2015;21(4):1018-1031.

# The Skinny on Weight Management for Migraine Patients

It's important to maintain a healthy weight to reduce migraine risk. Being overweight or obese makes it more likely to have migraine or worsening migraine.

To see how your weight measures up, you can learn your body mass index (BMI) by entering your height and weight here:

[http://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.htm](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.htm)

- If your BMI is between 18.5-24.9, your weight is healthy. You should aim to keep your weight stable. Keep eating a healthy diet and exercising.
- If your BMI is between 25.0-29.9, you are overweight. If your BMI is 30.0 or above, you are obese, and your migraines may improve if you lose weight. You should aim to lose weight to lower your BMI. You can talk with your doctor about weight loss methods that are best for you.



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Many different weight loss plans have helped overweight and obese migraine patients improve their symptoms. These include low-calorie diets and exercise, low carbohydrate diets, and weight loss surgery. Weight loss surgery may be an option if your BMI is greater than 35, depending on your health. Since there is no "best" weight loss method for migraine, you can work with your doctor to find a method that best meets your needs.

Here are a few special weight loss tips if you have migraine:



headache. Iran J Neurol. 2013;12(1):23.

Leidy HJ, Campbell WW. The Effect of Eating Frequency on Appetite Control and Food Intake: Brief Synopsis of Controlled Feeding Studies. J Nutr. 2011;141(1):154-157. doi:10.3945/jn.109.114389.

National Heart Lung and Blood Institute, National Institutes of Health. Calculate your Body Mass Index. [http://www.nhlbi.nih.gov/health/educational/lose\\_wt/BMI/bmicalc.html](http://www.nhlbi.nih.gov/health/educational/lose_wt/BMI/bmicalc.html)

Ornello, R. et al. Migraine and body mass index categories: a systematic review and meta-analysis of observational studies. J. Headache Pain 16, (2015).

Verrotti A, Agostinelli S, D'Egidio C, et al. Impact of a weight loss program on migraine in obese adolescents. Eur J Neurol. 2013;20(2):394-397. doi:10.1111/j.1468-1331.2012.03771.x.

## Eliminating the Elimination Diet

While many people feel that certain foods can cause their migraines, the proof that a special diet can stop migraines is not very strong. Diets that take out specific foods, also known as elimination diets, have been looked at in children and adults who have migraine. There is a suggestion that diet eliminations may help children who have migraines, but the same is not true in adults. Even with little proof, many people will suggest that eating a simple, bland diet will stop migraines from happening.

Rigid diets, especially those that eliminate numerous food items, have very little to support their use in preventing migraines. Because of this, doctors will usually recommend other methods with better evidence to reduce migraine frequency. If those other methods cannot be used, elimination diets can be considered under medical supervision as part of a comprehensive approach to identify and reduce migraine triggers. These diets should only be attempted with medical and nutritional support to ensure you are getting adequate nutrition and prevent side effects.

Egger J, Carter CM, Wilson J, et al. Is migraine food allergy? A double-blind controlled trial of oligoantigenic diet treatment. Lancet 1983;2:865-869.

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