

Patient information from BMJ

Last published: Sep 02, 2021

Migraine

Migraine headaches can cause severe pain, and sometimes nausea and vomiting. If they happen regularly they can affect your quality of life. Migraines are common. About 1 in 5 people get a migraine at some point. But there are good treatments that can help with pain and make your life easier.

What is it?

A migraine is a very severe headache. It may be so bad that all you feel like doing is lying down in a dark room. One theory is that migraines happen when the blood vessels in your brain swell up.

This swelling creates pressure in your brain, which causes pain. Although a migraine can be unpleasant, getting one doesn't mean there's anything seriously wrong.

What are the symptoms?

If you get migraines you'll already know how bad they can be. Some people describe a throbbing pain that gets worse when they move. You may also feel sick and vomit, or be sensitive to light or noise. A migraine attack can last from a few hours to a few days.

Some people get warning signs before they have a migraine. These are called **auras**. If you have an aura you might:

- see flashing lights, which might block part of your field of vision
- have ringing in your ears
- feel numb in parts of your body
- have trouble speaking.

Auras are not always followed by a headache, and some people who get auras never get headaches.

What can trigger a migraine?

For some people, particular things seem to trigger a migraine. Common triggers include:

Migraine

- lack of sleep
- hunger
- stress, or
- certain foods or drinks.

Some women find that they get migraines when their **period** starts.

Keeping a **diary** of your migraines could help you work out if there's anything that triggers them. You could then try to avoid your trigger. For example, keep a snack with you if hunger is a trigger.

If **stress** is a trigger you might want to learn some relaxation techniques, or try meditation or yoga. If the trigger is something you can't avoid, at least you can make sure you have your medicine with you.

It's helpful to learn to recognise the early signs of a migraine. You can then take your medicine straight away. You could carry a bottle of water if you prefer the kind of tablets that dissolve. Spotting an attack as it's coming on can also give you time to find somewhere comfortable to rest.

What treatments work?

If you get migraines it is likely that you will keep getting them from time to time throughout your life.

There is no cure for migraines that will stop them happening. But there are treatments that can help with the pain so that you can get on with your life as quickly as possible.

Some people find that they can treat their symptoms without feeling that they need to see a doctor. Other people need more help.

Medicines

The main treatments for migraines are medicines to deal with the pain. The important thing to remember is to take the treatment you need as soon as you think you feel a migraine coming on. The longer you delay:

- the less likely the treatment is to work
- the longer the migraine is likely to last
- the more likely it is that you will feel sick.

There are several recommended treatments if you start having migraines. If none of these treatments works for you, you can talk to your doctor about other options. These first recommended treatments are:

- paracetamol
- ibuprofen
- a tablet that contains a combination of paracetamol, aspirin, and caffeine

Migraine

- medicines called triptans.

Ibuprofen is a type of medicine called a non-steroidal anti-inflammatory drug (NSAID). You can get different NSAIDs with a prescription from your doctor. People who have heart problems should not take an NSAID called diclofenac.

Triptans are specially designed to treat migraines. Some of them might be available from a pharmacy without a prescription.

As well as helping with pain, triptans may also help stop you feeling sick. Triptans are generally used for more severe migraines. You shouldn't take triptans if you have a **heart condition** or if you're **pregnant**.

Taking triptans along with some antidepressant drugs can also cause problems. If you need to take antidepressants, talk to your doctor about the best migraine drug for you.

Most side effects of triptans are mild and don't last long. A few people get pins and needles, feel dizzy, or have a warm feeling in part of their body.

You need to be careful not to take painkillers too regularly. Taking them more than two or three times a week can cause more headaches. This is because your body gets used to the drug and you have a headache when you stop taking it.

Whichever medicine you take, don't take more than the recommended dose, as an overdose can be dangerous. Aspirin or ibuprofen can irritate your stomach if you take them a lot, but this shouldn't be a problem if you're only taking them occasionally.

You shouldn't give aspirin to children under 16.

If you feel too sick to swallow tablets when you have a migraine, ask your pharmacist or doctor whether you can get your treatment as a tablet that dissolves in water or in your mouth, or as a nasal spray, or a suppository (a capsule that you put up your rectum).

If you need stronger treatments

If the treatments mentioned above don't help with your symptoms, talk to your doctor. He or she may be able to prescribe stronger drugs, or combinations of drugs.

For example, they may recommend that you try a combination of an NSAID (such as ibuprofen) and a triptan.

Your doctor may also prescribe treatments to take if you have a migraine and your usual treatment fails to work. They might call this **rescue medication**.

Medicines for preventing migraines

Some people have migraines so often or that are so severe that doctors recommend they take regular medicines to help prevent them. Your doctor may recommend this if you have migraines more than twice a week.

If you take medicines to prevent migraines your doctor will probably recommend you take them for at least four months.

Migraine

If you are a woman and have severe migraines during your periods your doctor might recommend medicines to stop you having periods for a while. This can help control migraines.

There are several types of medicine that are usually used to treat other conditions but that can be used to prevent migraines. Some of them are listed below. Different types work better for different people.

- **Anticonvulsants** are usually used to control seizures.
- **Antidepressants** are usually used to help with conditions like depression and anxiety.
- **Beta blockers** are usually used to treat high blood pressure and some heart conditions.

Most drug treatments are not recommended for migraines during pregnancy, but you can take paracetamol. Or your doctor might recommend non-drug treatments. A 'talking treatment' called cognitive behaviour therapy (CBT) and relaxation therapy are two treatments that are sometimes used.

These treatments might also be recommended for children, for women trying to get pregnant, or for people who can't or don't want to take drugs to prevent migraines.

What will happen to me?

If you start to get migraines you're likely to get them fairly regularly. The average is about one attack a month, but this varies a lot - you could get them a lot more or a lot less.

Don't feel bad about having to take it easy or stay in bed when you get a migraine. Most people say that they can't carry on with normal activities during an attack.

If you have migraines a lot more than once a month, or if your attacks are very bad, you may want to ask your doctor about treatments to help prevent attacks.

The patient information from *BMJ Best Practice* is regularly updated. The most recent version of Best Practice can be found at bestpractice.bmj.com. This information is intended for use by health professionals. It is not a substitute for medical advice. It is strongly recommended that you independently verify any interpretation of this material and, if you have a medical problem, see your doctor.

Please see BMJ's full terms of use at: bmj.com/company/legal-information. BMJ does not make any representations, conditions, warranties or guarantees, whether express or implied, that this material is accurate, complete, up-to-date or fit for any particular purposes.

© BMJ Publishing Group Ltd 2024. All rights reserved.

What did you think about this patient information guide?

Complete the [online survey](#) or scan the QR code to help us to ensure our content is of the highest quality and relevant for patients. The survey is anonymous and will take around 5 minutes to complete.



