

Preparing for your Appointment: HEADACHE

Write down your symptoms:

- When did the headaches begin?
- Where are your headaches located?
- How bad is your typical headache pain on the 0-10 pain scale with 10 being the worst pain?
- What does the pain feel like? Examples are throbbing, stabbing, and pressure.
- Are there any associated symptoms with the headaches, such as aura (warning sign that a migraine is coming), light or noise sensitivity, dizziness, nausea and vomiting?
- How often do you have a headache?
 - Keeping a headache diary is the best way to track the frequency and intensity of your headaches. It also helps to know whether your treatment plan is working to reduce your headaches. It is very important to bring your diary to every appointment.
- What can trigger your headache or makes the headache worse?

Bring headache related records to your appointment:

- Have you seen a medical provider for your headaches? If so, what testing and treatment have been provided?
- Bring a list of all current headache medications as well as those already tried to improve your headaches. This would include *abortive* medications (those that help relieve your headache) and *preventative* medications (those that prevent your headaches from coming on). Also over-the-counter medications.

Month:

Year:

Date	Headache Y/N	Severity 0-10	Duration	Triggers	Abortive Medications	Pain Level After Abortive (0-10)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						

List **preventative** daily medications here:

- 1
- 2
- 3

List abortive (**as needed**) medications here:

- 1
- 2
- 3

Bring headache diary with you to next clinic appointment.

WHAT IS TRIGGERING YOUR MIGRAINE ATTACKS??

Migraine triggers can set off your headache attacks. Finding the specific triggers that affect you requires tracking your migraine events. Discovering your migraine triggers will help you know how to avoid migraine attacks.

FIND OUT WHAT TRIGGERS YOUR MIGRAINE - Everyone has different triggers that set off migraine. Below is a list of the most common migraine triggers. Keep in mind that your trigger may not be on the list. In many cases, people with migraine are usually affected by more than one trigger. Sometimes it takes a combination of two or more triggers to set off the chemical chain reaction that may result in a migraine attack.

KEEP A HEADACHE DIARY - One of the biggest problems with identifying migraine triggers is that the body's reaction to foods eaten or events that happened can be delayed by 24 hours. This means that the only reliable way to isolate your triggers is to keep a diary, looking backward at least 24 hours from the start of each migraine attack.

AVOID YOUR MIGRAINE TRIGGERS - Reviewing your headache diary will often reveal a pattern of trigger factors that stand out clearly and can be avoided. Some triggers, such as weather changes, may be impossible to fully avoid.

Environmental Triggers:

- Bright lights and sunshine, or glare from snow or computers
- Loud noises
- Strong or odd odors, such as cigarette smoke or perfume
- High altitudes or being in a pressurized commercial airline cabin
- Weather changes-extremes of cold and hot with high humidity, and changes in barometric pressure

Physical Triggers:

- Severe fatigue
- Physical illness
- Lack of sleep, jet lag, or oversleeping
- Hormonal changes during a women's menstrual cycle with most attacks occurring just before or during the menstrual period due to a drop in estrogen. Others experience attacks at mid-cycle during ovulation
- Muscle tightening in the neck and jaw from physical or emotional stress
- Poor posture
- Tobacco use

Psychological (Emotional) Triggers:

- A dramatic increase or decrease in stress can trigger migraine. Emotional stress can come from not only unhappy or painful experiences, but also out of joy, excitement, and surprises.

Pharmacological (Medication) Triggers:

- Estrogen- used for hormone replacement in post-menopausal woman
- Birth control pills
- Vasodilating drugs such as nitroglycerin
- Let your provider know all of the medications that you take, including prescription, over-the-counter, and supplements
- Misuse of narcotics and butalbital
- Overuse of over-the-counter or prescription medications, greater than 3 days per week can trigger rebound headaches

Dietary (Food and Fluid Related) Triggers:

- Skipping meals can lower your blood sugar and trigger migraine
- Dehydration – not drinking enough water

People with migraine can have a chemical sensitivity to certain foods or substances:

- Ripened cheeses
- Chocolate
- Alcoholic beverages
- Artificial sweeteners
- Foods containing monosodium glutamate (MSG) in Chinese foods
- Excessive caffeine (tea, coffee, soda)
- Onions
- Anything fermented, pickled, or marinated
- Sour cream and yogurt
- Pods or broad beans (lima, navy, and pea pods)
- Fresh breads, raised coffee cakes, and doughnuts
- Citrus fruits (oranges, lemons, limes, and grapefruits)
- Bananas
- Pizza
- Pork
- Fermented sausage (bologna, salami, pepperoni, summer sausage, and hot dogs)
- Seafood (shrimp, crab, lobster) and herring
- Processed foods
- Salty foods
- Food additives

The Migraine Disability Assessment Test (For ALL types of headaches)

The MIDAS (Migraine Disability Assessment) questionnaire was put together to help you measure the impact your headaches have on your life. The information on this questionnaire is also helpful for your provider to determine the level of pain and disability caused by your headaches and to find the best treatment for you.

INSTRUCTIONS

Please answer the following questions about **ALL TYPES OF HEADACHES** you have had over the last 3 months (90 days). Write your answer in the box next to each question (0-90). Write zero if you did not have the activity in the last 3 months.

Part 1.

_____ 1. How many days in the last 3 months did you miss work or school because of your headaches? Mark zero if you are not working or not in school.

_____ 2. How many days in the last 3 months was your productivity at work or school reduced by half or more because of your headaches? (Do not include days counted in question 1 where you missed work or school.) Mark zero if you are not working or not in school.

_____ 3. How many days in the last 3 months did you not do household work (such as housework, home repairs and maintenance, shopping, caring for children and relatives) because of your headaches?

_____ 4. How many days in the last 3 months was your productivity in household work reduced by half or more because of your headaches? (Do not include days counted in question 3 where you did not do household work.)

_____ 5. How many days in the last 3 months did you miss family, social or leisure activities because of your headaches?

_____ **Total (Questions 1-5)**

Scoring: After you have filled out this questionnaire, add the total number of days from questions 1-5 (ignore A and B).

MIDAS Grade	Definition	MIDAS Score
I	Little or No Disability	0-5
II	Mild Disability	6-10
III	Moderate Disability	11-20
IV	Severe Disability	21+

Part 2. Frequency and Intensity of ALL types of headaches:

_____ A. On how many days in the last 3 months (90 days) did you have any kind of headache? (If a headache lasted more than 1 day, count each day.)

_____ B. On a scale of 0 - 10, on average how painful were these headaches? (where 0=no pain at all, and 10= pain as bad as it can be.)

MEDICATION OVERUSE HEADACHES (REBOUND HEADACHES)

Medications used to reduce headache pain can be prescription or “over-the-counter” purchased at most stores and pharmacies. When these medications are used on a daily or near-daily basis, they may actually cause more harm than good. While they may decrease the intensity of the pain for a few hours, they can feed into the pain system in such a way that further chronic headaches may result. This phenomenon is called medication overuse headache, or rebound headaches.

WHAT DO MEDICATION OVERUSE HEADACHES FEEL LIKE?

These headaches may feel like a dull, tension-type headache or may feel like a more severe migraine-like headache sensation. Other medications taken to treat the headaches may not be effective if these pain medications are being overused. Medication overuse headaches can occur with most medications but are more likely with products containing caffeine or butalbital.

WHAT CAN I DO TO STOP MEDICATION OVERUSE HEADACHES?

Unless the overused pain medications are completely discontinued, the chronic headache is likely to continue. Typically when the pain medications are discontinued, the headache may get worse for several days and the stomach may become upset. However, after a period of three to five days (sometimes longer), these symptoms begin to improve. Preventive medication will likely be needed to reduce the need for pain medication. Most patients are able to stop the headache pain medications at home, but some find it difficult and may require hospitalization. If you are overusing your headache pain medications, please talk to your neurology provider about a plan of care to reduce or stop these medications.

WHAT CAN I DO TO PREVENT MEDICATION OVERUSE HEADACHES?

The American Academy of Neurology (AAN) recommends the following guide:

- Over-the-counter medication: Use less than 15 days per month.
- Narcotic type medication: Use less than 10 days per month
- Triptan type medication: Use less than 10 days per month
- Ergotamine type medication: Use less than 10 days per month
- Any combination of headache medication types above: Use less than 10 days per month