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MADISON NEUROLOGY LLC

608 403 0000

Neurology Care 7 days a Week. Because Your Brain Matters.

Migraine

Patient education guide · Headache & Facial Pain · Madison Neurology LLC

What is it?

Migraine is a common neurological disease causing attacks of moderate-to-severe, often one-sided, throbbing head pain with nausea and sensitivity to light and sound, lasting 4-72 hours. About 1 in 6 Americans — disproportionately women — live with migraine. It is a genetic disorder of brain excitability, not 'just a headache.'

How does it happen?

Migraine runs in families and involves heightened sensitivity of the brain's pain pathways, including the trigeminal nerve system and the molecule CGRP. Attacks are set off by triggers such as hormonal changes, irregular sleep, skipped meals, stress let-down, weather shifts, certain foods, and alcohol. About a third of patients experience aura — temporary visual or sensory symptoms preceding the pain.

Common symptoms

- Throbbing, often one-sided head pain that worsens with activity
- Nausea and sometimes vomiting
- Sensitivity to light, sound, and sometimes smell
- Aura in some: zigzag lights, blind spots, tingling, or speech difficulty lasting 5-60 minutes
- Post-attack 'hangover' fatigue and fogginess

How is it diagnosed?

Diagnosis is clinical, based on the attack pattern. Brain imaging is not needed for typical migraine but is done when red flags are present (new pattern after 50, worst-ever sudden headache, fever, cancer, or abnormal examination). A headache diary is genuinely useful for identifying triggers and tracking treatment.

How is it treated?

Treatment has been transformed in recent years. Acute options include triptans, gepants (rimegepant, ubrogepant, zavegepant), ditans, and neuromodulation devices. For frequent attacks, preventives reduce attack days: CGRP monoclonal antibodies (erenumab, fremanezumab, galcanezumab, eptinezumab), oral preventives (beta-blockers, topiramate, others), Botox for chronic migraine, and newer oral CGRP preventives. Regular sleep, meals, hydration, and exercise are true preventive medicine.

What does the future hold?

Migraine is very manageable: most patients cut their attack frequency substantially with modern therapy and lifestyle regularity. Many improve with age, and attacks often quiet after menopause. The key is treating early in attacks, avoiding pain-medication overuse (which can worsen frequency), and not settling for uncontrolled migraine — effective help exists.

Questions patients commonly ask

Q: Is migraine dangerous?

A: Migraine itself does not damage the brain. Simple migraine with aura slightly raises stroke risk, which is why smoking avoidance and discussion of estrogen-containing contraception matter for those with aura.

Q: Why did my doctor warn me about painkiller overuse?

A: Using acute medications (triptans, combination analgesics, opioids) on more than 10-15 days per month can itself increase headache frequency — called medication overuse headache.

Q: What's new in migraine treatment?

A: CGRP-targeting medications — both monthly injections and oral options — were developed specifically for migraine and have helped many patients who failed older drugs.

National support groups & resources

- **American Migraine Foundation** — americanmigrainefoundation.org
- **National Headache Foundation** — headaches.org
- **American Academy of Neurology — Brain & Life patient resources** — brainandlife.org

(Organization contact details were current at the time of compilation; please verify online.)

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