

FAST FACTS: Migraine Pain

A migraine is an intense headache that may be accompanied by other symptoms, such as nausea, vomiting, and sensitivity to light and sound. Migraine pain is often described as pulsing or throbbing in one specific area of the head. A migraine may last hours to days.



✓ Key Points

- Migraine 3 x more common in women.
- Most migraines start between ages of 10-40, with improvement after age 50. At age 70, only 10% of women and 5% of men experience them.
- Most have other family members who experience migraines.
- Migraine is the second common headache type diagnosed in older adults.
- Characteristics of migraine change with age,
 - sensitivity to light and sound, and nausea and vomiting all decrease
 - reports of neck pain, tearing, and runny nose seem to increase
- Phases of the migraine
 - Prodrome Phase (early signs and symptoms)
 - About 60% of individuals have symptoms like:
 - Being sensitive to light, sound or smell
 - Fatigue
 - Changes in appetite
 - Changes in mood
 - Extreme thirst
 - Bloating, constipation, or diarrhea
 - Aura Phase
 - About one-third can predict the migraine onset due to visual disturbances or other sensations, called the “aura.” This may include the appearance of flashing lights, zigzag lines, black dots, tunnel vision, or the temporary loss of vision; tingling and numbness; not able to speak clearly, ringing in ears, changes in smell, taste or touch.
 - Aura period typically starts gradually and tends to last 5-20 minutes or more.
 - Older adults are more likely to have a migraine aura without headache which can mimic a TIA (mini stroke).
 - Attack Phase
 - Begins as dull ache and moves into throbbing pain.
 - 80% of people have nausea and about half will vomit.
 - Some also report feeling pale, clammy, or faint during this phase.
 - Recurring migraine attacks are common.
 - Most migraine attacks last about 4 hours but severe attacks may last up to a few days.
 - Postdrome Phase (“migraine hangover”)
 - Can last up to 24 hours after the migraine
 - Some individuals report feeling tired and cranky or unusually refreshed or happy during this phase
 - Some experience muscle pain/weakness or changes in appetite.

✓ **Causes/Prognosis**

- Exact cause of migraines is unknown but believed to have a genetic cause.
- Many have migraine triggers, such as stress, anxiety, bright/flashing lights, lack of food or sleep, weather changes, too much or too little caffeine, hormone changes, or others.

✓ **Treatment**

- No current cure for migraine. Treatments include:
 - medications that work to prevent an attack, such as seizure medicines, blood pressure medicines (like beta-blockers and calcium channel blockers), some antidepressants, and shots of botulinum toxin type A (Botox).
 - those that relieve symptoms during an attack, such as triptans (e.g. almotriptan, sumatriptan, etc.), ergotamine, lasmiditan
 - non-drug treatments that focus on behavior change and stress management
- If your loved one experiences migraines, you should discuss with their healthcare provider to determine the treatment which will work best for your loved one.

✓ **What Else You Should Do**

- See your loved one's healthcare provider any time they have a headache does not go away or reoccurs
- Write down and share information about your loved one's pain with their healthcare provider
- Use a [Pain Diary](#) to note important information useful to your loved one's healthcare provider
- Encourage your loved one to try a non-drug treatment and document the impact on their pain in their Pain Diary

Revised June 2022

References

WebMD. (2022). *What is a Migraine?*. <https://www.webmd.com/migraines-headaches/migraines-headaches-migraines>.

National Institute of Neurological Disorders and Stroke, (2022), *Migraine*. <https://www.ninds.nih.gov/health-information/disorders/migraine>.

Centers for Disease Control and Prevention (CDC). (2022). *Acute Migraine*. <https://www.cdc.gov/acute-pain/migraine/index.html>.

Starling AJ. Diagnosis and Management of Headache in Older Adults. *Mayo Clin Proc.* 2018 Feb;93(2):252-262. doi: 10.1016/j.mayocp.2017.12.002. PMID: 29406202.