

STRATEGIES TO HELP MANAGE YOUR MIGRAINES

Migraine triggers

Whatever the exact mechanism of headaches, a number of things may trigger them.

Common migraine triggers include:

Hormonal changes:

- The exact relationship between hormones and headaches is not clear
 - ~ Women with a history of migraines often report headaches immediately before or during their periods, this corresponds to a drop in estrogen
- Other women experience migraines more frequently during pregnancy or menopause
- Contraceptives and hormone replacement therapy may also worsen migraines

Foods:

- Certain foods appear to trigger headaches in some people
- Common offenders include: alcohol, especially beer and red wine; aged cheeses; chocolate; fermented, pickled or marinated foods; aspartame; overuse of caffeine; monosodium glutamate, an ingredient in some Asian foods; certain seasonings; many canned and processed foods
- Skipping meals or fasting can also trigger migraines

Stress:

- A hard week at work followed by relaxation may lead to a week-end migraine
- Stress at work or home can also bring about migraines

Sensory stimuli:

- Bright lights and sun glare can produce head pain
- Unusual smells: pleasant scents, such as perfume and flowers; unpleasant odors, such as paint thinner and secondhand smoke

Changes in wake-sleep pattern:

- Either missing sleep or getting too much sleep may trigger migraine attacks

Physical factors:

- Intense physical exertion, including sexual activity, may provoke migraines

Changes in the environment:

- A change of weather, season, altitude level, barometric pressure or time zone can prompt a migraine

Medications:

- Certain medications can aggravate migraines

Migraine self-care

Self-care measures can help ease the pain of a migraine.

Try these headache helpers:

Keep a diary:

- A diary can help you determine your migraine triggers
- Note when your headaches start, how long they last and what provides relief
- Record your response to any headache medications you take
- Pay special attention to foods you ate 24 hours before attacks, any unusual stress, and how you feel and what you're doing when headaches strike
- If you're under stress, tell your doctor

Try muscle relaxation exercises:

- Progressive muscle relaxation, meditation and yoga
 - ~ They don't require equipment, and you can learn them in classes or at home using books or tapes
- Or, spend at least 30 minutes each day doing something you find relaxing (listening to music, gardening, taking a hot bath or reading)

Get enough sleep, but don't oversleep:

- The average adult needs 7-9 hours of sleep a night

Rest and relax:

- If possible, rest in a dark, quiet room when you feel a headache coming on
- Place an ice pack wrapped in cloth on the back of your neck and apply gentle pressure to painful areas on your scalp

REFERENCE:
Mayo Clinic Website: www.mayoclinic.com/health/migraine-headache/DS00120
Accessed November 29, 2007.


almotriptan malate tablets

HEADACHE DIARY



Help understand your headache cycle...

Headache Diary: Month 3

Month: _____ Year: _____

About my headache	Day of Month																															Total attacks or days interrupted		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Rate your migraine severity for each day you suffered an attack. (3=severe, 2=moderate, 1=mild)																																		
Did you have an aura before your attack? (Y=yes / N=no)																																		
Were there any possible triggers? (food, smell, sleep, stress, menses)																																		
Medication (and dosage):																																		Total doses:
How soon after the first sign of symptoms did you take your medication (AXERT®)? (hrs/mins)																																		
When did pain relief start? (hrs/mins)																																		
Did your migraine return after it was first relieved? (Y=yes / N=no)																																		
Did you have any side effects from the medication? (Y=yes / N=no)																																		

Headache Diary: Month 4

Month: _____ Year: _____

About my headache	Day of Month																															Total attacks or days interrupted		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Rate your migraine severity for each day you suffered an attack. (3=severe, 2=moderate, 1=mild)																																		
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Were there any possible triggers? (food, smell, sleep, stress, menses)																																		
Medication (and dosage):																																		Total doses:
How soon after the first sign of symptoms did you take your medication (AXERT®)? (hrs/mins)																																		
When did pain relief start? (hrs/mins)																																		
Did your migraine return after it was first relieved? (Y=yes / N=no)																																		
Did you have any side effects from the medication? (Y=yes / N=no)																																		

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