

Migraine with Unilateral Symptoms (MUMS)

Migraine with Unilateral Motor Symptoms (MUMS) is a relatively new subtype of migraine and very few people have been diagnosed with it. People with this kind of migraine experience very severe and unusual symptoms.

In addition to the normal migraine symptoms, MUMS patients may experience:

- Unilateral head pain
- Weakness in limbs
- Giveaway weakness - where you can initially provide resistance against the examiner, but suddenly no longer can, and provide no muscular resistance.
- Weakness may persist for some time after an attack and some patients may have some variable weakness most of the time
- General sensory symptoms
- Symptoms often spread during an attack, starting in the arm and moving to the leg

Because it is so new, there is not a lot of research and there are not a lot of people that have been properly diagnosed with MUMS.

What is different about MUMS?

MUMS, like hemiplegic migraine, is associated with weakness down one side. In some patients with hemiplegic migraine, brain swelling can be seen on one side of the brain on MRI, but in MUMS the MRI is normal.

MUMS is a severe subtype with unusual symptoms.

If you think you have MUMS, you need a specialist migraine neurologist to diagnose and help you manage it.

Whereas motor weakness in hemiplegic migraine usually resolves completely between attacks, for about 60% of MUMS patients some level of weakness in their arms or legs persists between attacks. Weakness in the arm or hand is most common.

MUMS cannot easily be diagnosed by a GP or in the emergency room: only an experienced neurologist who specialises in migraine will be able to confidently and correctly distinguish it from other disorders.

One important fact is that MUMS is not associated with structural damage to the brain. Before the diagnosis is made, many patients go through multiple scans to exclude stroke and other structural problems. Accurate diagnosis means that repeated scanning is not needed.

Just as visual aura in migraine relates to transient changes in sensory perception in the visual areas of the brain, MUMS may arise from transient disorders in the areas that make motor programs work. Collapsing weakness means that the pathways are intact (power can be generated briefly) but efficient and effortless motor function is disrupted during an attack.

MUMS is also very challenging to manage. You will likely need a combination of medications and treatments, including possibly more extreme options such as ketamine or lignocaine infusions in hospital for severe attacks. You will need to have a really great support system at home and a really good care team.



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Living with MUMS

Jacqueline O'Brien is a Melbourne woman who has been disabled by MUMS. We are proud to have her as a key member of Migraine Australia's leadership team. This is her story.

I have suffered from migraine attacks since I was a teenager. Becoming a young adult they started to become more frequent - I was seeing a specialist for a different condition and she suggested seeing a neurologist for suspected chronic migraine, as I was suffering from daily headaches.

Completing my bachelor's degree was difficult, with a delay of 2 years. The best thing I did was seek help from disability advisors at university to help with accommodations. During this time I tried different medications, treatments and commenced Botox for migraine. I also had my first migraine with unilateral motor symptoms (MUMS) attack - these look very much like hemiplegic migraine attacks. I still remember sitting in the Emergency Department with my stepmum, thinking I had had a stroke or Transient Ischemic Attack (TIA). Commencing my graduate year in nursing - I had many struggles that year, but I made it through (not without several hospitalisations and a broken foot). I wasn't offered a position to continue due to time I'd had taken off, but I was successful in gaining a position elsewhere. I was unsuccessful in staying on at that health network, but did gain a position elsewhere with no issue. I can look back at the time knowing it was the last time I was really "well".

Unfortunately, in the 6 weeks weeks at my new job, I was hospitalised twice. The last time with concurrent MUMS attacks, that I have never fully recovered from. In that hospital stay, I had to learn to walk again with the assistance of the physiotherapy team and a gutter frame. I was stabilised and sent home to complete outpatient Neuro Rehab, which I have done twice. I was fortunate to have had a boss who held my position for 6 months - I chose to resign in the end. There was no clear prognosis for myself, other than you will get well again one day, but we don't know when that day is. Since March 2019, my MUMS diagnosis, I have been admitted to hospital many times for MUMS attacks, as well as needing to go to emergency often.

