

Migraine cannot be cured, but it can be managed. You just need to find the right combination of lifestyle changes, acute treatment, and, if necessary, preventive treatment, that works for you.

Lifestyle changes

Complex conditions like migraine are caused by your genes but can be significantly impacted by lifestyle and environment factors. Here's a few things to consider:



Diet – What and how you eat can be very important in managing migraine. Try eating six small meals instead of three big ones to keep your blood sugar more consistent throughout the day. Avoid

fasting or irregular meal times. Consider doing a diagnostic elimination diet with a dietician to identify any food triggers. Make sure you stay hydrated and avoid alcohol.



Sleep – Getting a good night's sleep is essential, but oversleeping can be just as bad as not getting enough sleep. Try to get up at the same time and go to bed at the same time. Practice good sleep hygiene

by minimising screen time before bed, making sure your bedroom is dark, quiet and cool, and keeping the bedroom just for sleep and intimacy.



Exercise – Exercise is a really important but tricky part of migraine management, as some attacks can be triggered by exercise. Moderate intensity exercise for 30 to 50 minutes, three to five days a week,

can help reduce your migraine symptoms. If you're not currently exercising, start small: any movement is good, even if it is just walking around the block.

Non-drug options for managing attacks

There are many non-medication tools to manage migraine attacks and reduce symptoms. Try some of these to find what works for you:

- Have a sleep
- Put an ice pack on the back of your neck or head
- Lie down in a dark, quiet and cool room
- Drink a cold Coke or strong coffee
- Drink a sports drink or eat salty food if you're craving salt
- Take a hot shower or use heat packs
- Try essential oils like peppermint for headache or ginger for nausea



THERESA
CHRONIC VESTIBULAR MIGRAINE
TASMANIA

It took me 14 months to see a neurologist who finally diagnosed me. Now I'm on the long track to see what medication will help. I love crafting and it has kept me sane through all of this.

IMPORTANT!

Triptans are not pain killers. Ideally, take the most effective treatment as early as possible with the aim of stopping the attack before it can be established for days in a row. Do not use triptans more than 10 days per month.

Acute or 'rescue' medication

Acute medications are only taken at the time of a migraine attack, when needed. Triptans are a class of medications used to stop a migraine attack, these are most useful when taken early, as the attack begins. Triptans can help alleviate the symptoms of migraine attacks such as pain, nausea, and sensitivity to light and sound. There are several different brands available, talk to your doctor about what is right for you. Once you are familiar with triptans, you can buy small rescue packs of just two tablets from your pharmacy without a prescription.

A new acute medication that targets CGRP, called Nurtec, is available on a private prescription from your GP. This medication is quite expensive but is worth trying if you have not had much success with triptans.

There are also other medications that you can try to relieve symptoms, such as a large dose of aspirin (900mg is recommended), other over the counter pain medications, and anti-nausea medication (which can help your other medications be absorbed if you are feeling sick). Your doctor may also prescribe stronger pain relief, anti-nausea medications or other treatments to help manage your attack symptoms.

Preventive medication

If you are experiencing minimum 4 attacks per month, please talk to your doctor about preventive medications, to be taken regularly. Your doctor may prescribe blood pressure, epilepsy or anti-depressant medications to help prevent your migraine attacks. Different medications work for different people, you just have to try them and see if they work for you. New medications are now available specifically designed for migraine, called CGRP medications. Some of these are available on the PBS, but only for people with frequent migraine attacks, and who have failed three of the other less targeted medications.

Botox and other medications that need to be administered by a doctor or in hospital are also available for people with very severe symptoms. Discuss these options with your doctor. Find out more at:

www.migraine.org.au/cgrp



This fact sheet was clinically reviewed by Dr Lakshini Gunasekera (BBMed, MD, FRACP)