

Hemiplegic Migraine is a rare type of migraine. The word 'hemiplegia' means paralysis of one side of the body. Hemiplegic Migraine attacks can look like a stroke to those who aren't used to them.

Like other migraine types, Hemiplegic Migraine can cause intense and throbbing pain, nausea, and sensitivity to light, sound and smell. The hemiplegic aura also causes temporary weakness, numbness and tingling, other sensory disturbances, and/or paralysis on one side of the body.

The paralysis can be partial, such as a facial droop, or affect the whole side of the body. You may also experience confusion, difficulty speaking, or vision problems. These symptoms start before any headache, during the aura phase of the attack. Some people do not get any headache at all.

## IMPORTANT!

Because a Hemiplegic Migraine attack looks very much like a stroke, people living with Hemiplegic Migraine are frequent visitors to the emergency room. You will learn what is 'normal for you', but it is always important not to get too complacent, and have a stroke ruled out by doctors anytime you are experiencing anything unusual.

## How is Hemiplegic Migraine managed?

Management of Hemiplegic Migraine can be challenging. The care of a migraine specialist neurologist is often required, as many other doctors may never have treated a case of Hemiplegic Migraine.

Triptans are currently contraindicated (not recommended) in the treatment of Hemiplegic Migraine because of their vasoconstrictive properties (risk of vessel spasm) and concerns about stroke. Some small studies have safely used triptans with patients with Hemiplegic Migraine, so your doctor may be ok with prescribing them, but it is important to talk about the stroke risk and make sure you understand them.

Given the severity of the symptoms and the risks with using triptans, preventive medications including amitriptyline, topiramate, and valproic acid may be beneficial. Beta-blockers are generally avoided for people with Hemiplegic Migraine out of theoretical concern that it may affect the ability of blood vessels to dilate. Many Hemiplegic Migraine patients have reported great success with the new CGRP antagonist medications.

Genetic testing is available but not necessary for all people. Genetic testing may be of the highest value for people with early-onset Hemiplegic Migraine associated with seizures or other persistent neurological symptoms.



## What is different about Hemiplegic Migraine?

The defining symptom that distinguishes hemiplegic migraine from other types is motor weakness on one side.

While most types of migraine are poly-genetic, meaning that they can be caused by multiple genes, Hemiplegic Migraine is one of the few where a single gene defect can cause the condition. Four different specific chromosomal defects have been attributed to Hemiplegic Migraine, although there are more not yet discovered. They are:

- ATP1A2
- CACNA1A
- PRRT2
- SCN1A

These genes are related to channels on nerve membranes that control the movement of substances like sodium, calcium and potassium across the nerve. Mutations of these genes result in an over-excitability of nerves.

You may hear the terms Familial Hemiplegic Migraine (FHM) or Sporadic Hemiplegic Migraine (SHM). The only real difference is that people with FHM have one other identified family member with similar symptoms, and people with SHM have no known family history. There is some evidence that people with SHM will experience other symptoms of migraine (sensitivity to light, sound, smell and nausea) and will have a headache more often than people with FHM.



MARISA  
HEMIPLEGIC MIGRAINE  
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BB Because the type of migraines I get look, feel and behave more like a stroke, I'm sure my colleagues think I've made it all up. I start with feeling aggravated, a little disoriented and my vision plays tricks on me. It then progresses to single-sided weakness and complete numbness, extreme vision distortion, photophobia, slurred speech and confusing my words. If severe, it is not until I have a stroke ruled out by MRI that the neurologist team at the hospital will confidently treat it as a hemiplegic migraine attack and not a stroke. BB

**Hemiplegic Migraine attacks can be very scary**, and it's ok to be worried. They're often scarier for those around you, who are looking at your droopy face or can't understand what you are saying.

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