Brainstem Migraine

Migraine AUSTRALIA

Brainstem Migraine, formally known as Migraine with Brainstem Aura or basilar-type migraine, is a rare subtype of migraine.

This type of migraine is so rare there are very few studies on it. In addition to the typical symptoms of migraine aura (visual symptoms, numbness and/or tingling, language disturbances), people with Brainstem Migraine will get two or more of the following:

- Double vision
- Slurred speech
- Ringing in the ears (tinnitus)
- Impaired hearing
- Unsteadiness while walking or problems with coordination (ataxia)
- Vertigo
- Decreased consciousness and, in rare cases, coma.

The symptoms are more frightening than harmful, but there is a slightly higher risk of stroke, so optimal prevention and knowledge of stroke risk factors and their control is important.

Anyone can be affected by Brainstem Migraine, but it is most commonly diagnosed in adolescent females. For those with this subtype, migraine attacks may evolve into more common forms over time.

Accurate diagnosis is essential, as effective treatment is usually a bit different from other migraine types, and prevention of attacks is essential regardless of how often you get them.

What's different about Brainstem Migraine?

The most notable difference between Brainstem Migraine and other forms of migraine is the alarming nature of some of the aura symptoms. These symptoms tend to be more bothersome than the headache itself, which is usually located in the back of the head.

Decreased level of consciousness can be particularly frightening to people with Brainstem Migraine and those around them. In most cases, this is experienced as disorientation or confusion. In some cases, a patient can briefly black out. Patients with Brainstem Migraine can, although rarely, lose consciousness for longer periods of time.

IMPORTANT

If you are experiencing frequent or sudden loss of consciousness you may want to consider getting care or adapting your house to make it safer if you fall. You may also be advised to avoid driving or swimming.

How do you manage Brainstem Migraine?

Before a diagnosis of Brainstem Migraine can be established, investigations will need to be done to rule out stroke, seizures and other disorders. Once diagnosed, management of Brainstem Migraine can be challenging. The care of a migraine specialist neurologist is often required, as many doctors may never have treated a case of Brainstem Migraine.

Triptans are not recommended in the treatment of Brainstem Migraine because of the constriction on blood vessels and previous concerns about stroke. While brainstem aura is no longer thought to be due to narrowing or spasm of blood vessels, triptans were not studied in patients with this type of migraine. Your specialist may be ok with prescribing them, but it is important to talk about the potential risks and make sure you understand them.

Given the severity of the symptoms and the relative contraindication of some acute medications (triptans), preventive medications including verapamil, amitriptyline, topiramate, valproic acid and lamotrigine may be beneficial.

Brainstem Migraine is often more debilitating than other migraine types due to the types of aura symptoms and their intensity.

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