

Challenging Migraine

The magazine from Migraine Action



Flying migraine free

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A pain in the neck

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the BBC** *Page 31*



Challenging Migraine

The magazine from Migraine Action



Out and about with the Migraine Action Team

Rebekah Aitchison heads into the BBC studios in London to record Migraine Action's BBC Radio 4 Appeal with Dr Sarah Jarvis. Find out what happened on page 31

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**Please contact the office for details of
headache and migraine clinics.**

Registered Charity Number: 1152973

As I write this, at the beginning of the financial year, Migraine Action is in a robust position. In addition to strong finances, our membership has grown by nearly 10% over the last year.

We are also reaching out way beyond our membership, and our events this year in Cardiff, Cambridge and Guildford have been exceptionally well attended, and the majority are new to Migraine Action! We have been helped by increasing media coverage in local newspapers and radio stations, as well as an ever improving online presence.



We are spending much time at the moment talking to people affected by migraine, asking you about your experiences of migraine, and what you think we should be doing in the future. (If you would like to complete this survey at www.surveymonkey.com/s/migraine-action-survey, or if you call the office on **08456 011 033** we will send you a paper version). We will be reporting on the results in future edition of Challenging Migraine.

I am also delighted to report that Rebekah Leedham has joined us from the National Youth Agency at the beginning of June. Rebekah will bring a new approach and energy to our work with young migraineurs. We will also be focusing on young people at this year's London Migraine Insight and AGM. Please see page 7 for further details.

We were staggered by the results of the BBC Radio 4 appeal, and the generosity of so many people! We are delighted that so many non-sufferers appreciated that migraine is so much more than a headache. We are strongly working towards educating as many as we can on why migraine is not just a headache, and would love to hear your experiences. Get in touch with us today to share your story.

Many of you will know Professor Peter Goadsby of King's College. His team are looking for volunteers for a brain imaging study and need your help, (see page 21 for further details). This is an important piece of work, so if you feel able to volunteer please contact the research team as soon as you can.

Finally I would like to pass on our heartfelt thanks to the family of Miss Jean Gemmell. She was a longstanding supporter of Migraine Action and has been most generous in her recent bequest to Migraine Action.

Simon Evans
Chief Executive



Fundraising Initiatives



Go girl!

This July, Laura Parry will be running in the Southampton Big Fun Run to help raise funds for Migraine Action. Laura, after receiving a number of incorrect diagnoses, was finally diagnosed with vestibular migraines in 2013. Here she tells us why she is running for Migraine Action;

“When I was first diagnosed it was very difficult and I was lucky I had a wonderful support network of friends and family, and I honestly don't know where I would be without my fiancé. My story can get a bit long sometimes, but I am essentially running, walking or rolling 5K at the Southampton Big Fun Run, for Migraine Action who are a brilliant charity, supporting people with migraines, raising awareness and supporting research.

With the wonderful support of my friends and family I was able to complete my undergraduate degree and start my postgraduate studies at the University of Southampton.

I am now doing extremely well managing my migraines through psychological techniques and preventative medication (hopefully soon to come off completely). Luckily I have discovered my triggers and I am able to minimise the negative effects these have on my health and predict



when I am likely to have a migraine. I have also learnt so much about health and illness from my MSc health psychology course at Southampton, which will hopefully not only enable me to get better, but to eventually use the knowledge to help other people. The high prevalence of migraines and headache, including a family history, demonstrates the need for support and awareness of an extremely debilitating condition.

I try to be positive about my migraines and they have brought me down this

path so I can help people, including raising money for Migraine Action! Donating just a small amount of money will help continue to provide others, like me, with information and support, raise awareness, and fund vital research into the causes and treatment of migraines.

I now believe I can do anything I want to and my migraines won't beat me. I know now how to manage them and I have

control over them rather than the other way round."

If you would like to sponsor Laura on her Big Fun Run at the end of the month, call us on **08456 011 033** or email info@migraine.org.uk.



Migraine Action stamp appeal

Thank you so much to all of you who have already sent us your used stamps for our stamp appeal. We have already raised an incredible £397! Our target of £500 is now in reaching distance, and we would be delighted if you could help us get there. All you need to do is collect

any used or old stamps and send to the address below. How about getting your work colleagues involved to see how many stamps you can collect as a team! Every stamp helps us to continue to support all those affected by migraine across the UK, so get collecting.



Young Migraineurs



Migraine Awareness Week; Caelan's story

This September, Migraine Awareness Week is all about young migraineurs. Migraine Action will be focusing on helping to provide parents, children and teachers with information so desperately needed on this neurological condition. Just like Ruth and her son Caelan;

Ruth told us that "I hadn't developed migraine until my late 20's so I was surprised Caelan suffered his so early. As a migraine sufferer myself, it meant the diagnosis was easy and one we knew before we saw the GP, when Caelan was only about 6 years old. We felt worried that he might experience some of the hurdles that his mum does with fluorescent and LED light sensitivity. Luckily, unlike myself, Caelan seems to recover quickly - he is always better the next day so that's one relief.

He has very obvious symptoms. He gets the onset of head pain very suddenly and rarely does he inform us in time for paracetamol type treatment. Usually within 15 minutes he is in severe pain and physically sick, then he falls asleep, and recovers swiftly. He never experiences aura like symptoms.

We do our best to limit exposure to the environmental triggers. Caelan, who is now 8, no longer does extra-school

sports in the school gym, as the school gym is controlled by underfloor heating and is usually too hot. The school are aware of this and the issue is ongoing, but it may be impossible to fix. Caelan now knows he must wear a hat when playing sports outside in the sun. He still gets caught out by travel sickness which can induce headaches that can turn into a migraine.

Luckily Caelan's friends do not tease him about wearing a hat any more, although we did have some issues with a teacher who thought he wouldn't be able to see properly for playing sport. I don't think his friends really understand but he isn't seen having a migraine as they occur typically in the evening. Migraine Action of course have been the most amazing support and I hope they can continue to help others just like us."

So many children are not as lucky as Caelan to receive a diagnosis so quickly, and can spend years trying many different treatments for other conditions, searching for answers. It is estimated that 2.75 million school days are missed each year due to migraine, and an enormous 10% of schoolchildren are affected by this misunderstood neurological attack. A migraine attack in children may last for as little as an hour, but can last as long as three days with a 'washed out' feeling for a couple of days after an attack.

Although headache is common in adults with migraine, it is less of a feature in children for whom other symptoms may be more prevalent. They may include:

- Abdominal pain nausea and / or vomiting
- An increased sensitivity to light, sound, and / or smells
- 'Aura' - neurological symptoms such as visual disturbance, confusion, numbness, or pins and needles

In at least 4% of children, the predominant symptom of migraine is abdominal pain, possibly without a headache, or the headache is mild, and it is very easy for the condition to go unrecognised or be misdiagnosed. Children of any age can be affected by migraine; however two peaks have been noted when migraines begin – one at around the age of 5 years old (just like Caelan) and the second at age 10 - 12 years.

Often abdominal migraine evolves to the more recognised migraine pattern as the child grows older. A Migraine Action survey showed that over 70% of adults with migraine experienced their first attack in childhood or adolescence, with many only aware with hindsight after receiving a diagnosis later in life.

Are you a migraine sufferer who experienced attacks as a child?

If yes, we need your help this September, in Migraine Awareness Week!

Migraine Awareness Week

Sadly, not all are as fortunate as Caelan with receiving an early diagnosis, and many children and young people continue to experience attacks during their adolescent years with little help or relief. That's why this September, as part of Migraine Awareness Week, we need your help to support children and young people affected by migraine. We want to directly support more young people who are suffering in silence and would love to hear from you!

- Are you a young person suffering from migraine? How much support do you receive from those around you?
- Did you suffer migraines as a child? Who did you turn to when your attacks began?
- What support is needed to better improve the lives of young people with migraine?

If you would like to share your experiences or get involved in Migraine Awareness Week from the 6th September, please contact us at info@migraine.org.uk. Together, we can ensure that children and young people get the support they desperately need.



Finding the answers

Like so many of us, Zoe Hepburn was looking for answers to her migraine and a way to regain control. When her dentist linked her migraines to jaw tension, Zoe found Janet Gravener and everything changed.



Janet Gravener

The impact on my life was devastating, such that I was only able to work reduced hours. I was never able to plan ahead because I didn't know whether or not I'd be functioning. My children were growing up with a sick mum who was bed-ridden and in short, I felt disabled. Moreover, the cause of these migraine attacks was a complete mystery to me. This all contributed to my sense of helplessness.

I found out about Janet Gravener through my dentist after some of my migraine attacks appeared to be linked to tension in my jaw.

Janet told me she was running a trial

to find out whether osteopathy could reduce headache pain. In return for completing a Migraine Action Headache Diary before and during osteopathic treatment, Janet offered me four free sessions of osteopathy especially targeted at reducing the frequency and intensity of my migraines."

Janet said "Osteopaths are known for their ability to soothe aching muscles but nightly osteopathy, following a hard day's work, isn't really an option. So, to reduce the tension felt around the head, we need to find ways to modulate the physical demands placed upon our neck and shoulder muscles during the day. Simple strategies to reduce this "bodily stress" can make a small but significant change to an individual's migraine activation pathway."

Zoe told us that "the amazing thing about Janet is that, she takes a holistic approach to treating migraines. Osteopathy is only one aspect of the approach. Together we considered every aspect of my lifestyle and identified many factors that might be contributing to the build-up of muscular-skeletal tension resulting in migraine pain. We also identified patterns in the occurrence of the attacks. All this information enabled us to put in place a holistic treatment plan. Given that I work as a Cognitive Behavioural Therapist, collaboratively we also came up with the idea of using

“Put quite simply, Janet has helped me to get my life back.”

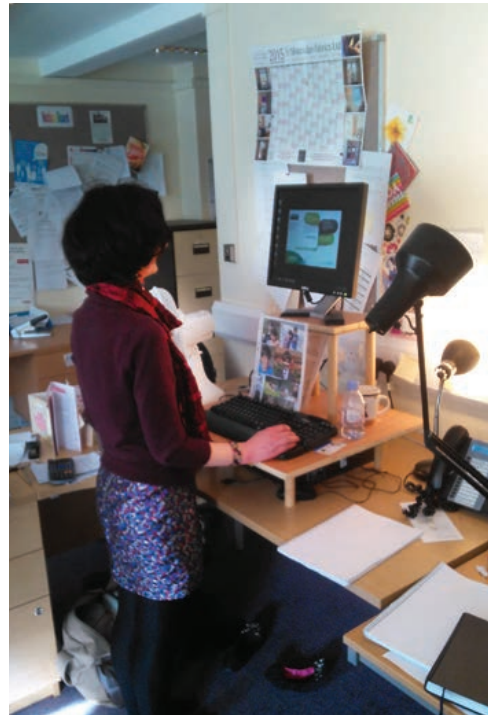
a diagram (a “formulation” tailored to the individual) to visually represent the maintaining and perpetuating factors of my migraine pain and how each of these factors might be addressed and managed. Having this formulation helped me to be objective about the pain I was experiencing; it was no longer something “supernatural”, it was something that made sense in the context of my lifestyle and therefore it was something I could gain some control over.”

“My musculoskeletal assessment of Zoe, found that she had increased ligamentous flexibility which was leading to a few muscles having to work harder.” Janet explains. “This is a fairly common finding in my assessment of migraine sufferers and is also found - in differing degrees - in the general population. Personally, this meant that Zoe’s neck and shoulder muscles fatigued at the end of the day, after carrying heavy loads and by being held in fixed positions.

Usually, recurring bodily stress arises from sustained working postures and Zoe thought that her desk and computer set-up were placing a strain on the back of her neck. Hence we discussed the benefits of a “standing-desk” which can be raised or lowered, to vary the positional demands on her joints, ligaments and muscles.

With the support of her resourceful

husband, Zoe soon created the perfect desktop solution, which allowed her neck and shoulder muscles to relax and her ribcage and diaphragm to fully expand, optimally working to perfuse richly oxygenated blood to her head and body. Thus biomechanically making small but cumulatively significant changes to her own migraine activation pathway.”



Zoe at her new perfect desk



Finding the answers - continued

Working together Zoe and Janet identified the following triggers and how these could be managed to prevent further attacks.

Trigger Factor	Treatment
Muscular tension	Osteopathy, hot baths to soak, Biofeedback tape
Being “hypermobile” (ie very flexible)	Stretching exercises morning and evening
Becoming dehydrated	Drink regularly throughout the day
Low blood sugar	Eat regularly throughout the day
Poor posture at desk at work	Stand-up desk Ergonomic mouse
Carrying heavy bags	Pull-along trolley Rucksacks not shoulder bags
Jaw-clenching, grinding teeth	Biofeedback headband
Shallow breathing, holding breath	Deep breaths, practise mindfulness and meditation
Stress	Challenge unhelpful thinking

“Since gradually introducing these lifestyle changes, I have not experienced a single migraine attack. I had been experiencing severe all-day bed-ridden attacks with vomiting once a week, sometimes twice per week with lower-level pain in between. Since March 12th 2015 I have been migraine-free! I have managed to do a presentation at an international conference, which previously seemed unachievable and I am making plans to increase my working hours. Every now and then I experience

some low-level pain but I am able to manage this with stretching exercises, hot baths and ibuprofen. It does not stop me functioning.

I am recommending Janet and her holistic approach to migraine sufferers everywhere so that other people can take back their lives just as I have.”

Have you had a positive experience with osteopathy? Or perhaps acupuncture cured your migraines? Tell us about your experiences and help others affected by migraine. If you are interested in further details about Osteopathy and Migraines, contact Migraine Action today.

Flying migraine free

With the summer months finally here, many of us will be looking forward to a holiday. For some a flight abroad can be particularly difficult in terms of controlling migraine attacks. Screaming children, airport lighting or a hot terminal are out of our control, but it does not mean that the airport should be a 'no go' area. To help us all get through, we recently asked how some of our supporters control their migraines when flying, and their top tips are back in.

Don't forget your armoury

Be prepared with medication. Ensure you will have enough medication for your holiday, including the flight home, and as always take as soon as possible. Speak to your GP before you fly to check on any medical implications and find out what medication you can take to your holiday destination.

Get comfy

It's always important, on a long flight particularly, to make sure you are comfortable. Wear looser clothing to help movement (prolonged periods of immobility can slow down blood flow in the leg veins). For those who are light or sound sensitive, wear clothing that enables you to cover your ears and shield your eyes if you need to. Wearing sunglasses or a pair of Migralens glasses can help those sensitive to light. Ear plugs or ear muffs can help to reduce the impact of noise.

"Give yourself plenty of time to get to the Airport and get to the gate early."





Flying migraine free - continued

Drink plenty of water

We are all aware of the health benefits of drinking plenty of fluids during the day, especially as migraineurs. During a flight humidity in the cabin is usually low: in the range of 20%. There is no specific risk to your health, but low humidity can cause mild discomfort, particularly dry skin and eye irritation for sensitive people, and it is therefore more important to keep hydrated. Drink about 8 ounces of water (a small glass) each hour and use a hydrating nasal spray to help keep fluids up. If you wear contact lenses switch to glasses whilst on the flight.

Something to eat?

Ensure you keep your blood sugars level by eating a good meal before your flight and taking snacks with you. For some, ginger biscuits are a must have in the bag, helping to also stave off any sickness. Some find that anti-sickness sea bands can also have a helpful impact, but carry a sick bag with you when you fly, just in case.

A little shut eye

Sleep is one of the most difficult aspects of flying to manage. Flights can be extremely early in the morning or late at night disrupting your usual body pattern,



and that's before jet lag is even taken into account. Jet lag can occur when we move two or more time zones, as our body struggles to adapt to the difference in daylight. Traveling East to West will be easier as we gain more daylight time. If sleep is a key trigger for you, try to book flights that don't disrupt your usual sleep pattern too much. Once on the flight, use an eye mask to help rest and ear plugs to limit disruptive light and noise. Sadly for most of us, upgrading to business or first class is a little out of our price range. Instead if you are on a long haul flight, invest in a good neck support to limit any strain on your neck from a cramped position. Always remember to move around the cabin, when you can, to help prevent deep vein thrombosis (DVT).

Looking cool

If your migraines are triggered by heat, or your temperature increases during an attack, take cooling strips on your flights to help keep you cool. A small hand held

*easier said than done,
try to keep calm."*

fan can also be a great item to have in your hand luggage.

Don't get pressured

For most flights the cabin pressure is similar to the pressure on a peak of a small mountain that is at 5,000 - 8,000 feet. This has two effects:

1. Less oxygen is available because the pressure of oxygen becomes lower, and
2. Gas within our body cavities expands.

Pressure is a difficult issue to get around but there are a couple of things you can do to help reduce its impact. Alcohol's principal action is to slow down brain activity by restricting oxygen intake to the brain. This is therefore exacerbated during a flight. It is best to avoid drinking any alcohol on the flight, and avoid alcohol 24 hours prior to take off.

A nasal decongestion spray may help to ease the pain of cabin pressure, especially if you have a cold or feel congested. Sinus tablets can also help - Sudafed contains ibuprofen, a powerful anti-inflammatory painkiller that relieves pain, headaches and inflammation, and reduces your temperature, so could help to manage a number of triggers. Please always check with your GP what medication you can take.

The most common site in the body for trapped gas is the middle ear, where a condition called otitic barotraumas can arise. Sucking hard sweets can reduce

this build-up of pressure. Or take a breath in then try to breathe out gently with your mouth closed and pinching your nose (the Valsalva manoeuvre). In this way, no air is blown out but you are gently pushing air into the Eustachian tube. Alternatively air pressure-regulating ear plugs are often sold at airports and in many pharmacies which may be beneficial to you.

Remember to breathe

Although much easier said than done, try to keep calm. Break down the journey into manageable sections to stop yourself becoming overwhelmed. Give yourself plenty of time to get to the airport and get to the gate early. When you feel yourself becoming stressed, ask for help (from your fellow travellers or a member of staff) and remember to breathe. If you feel particularly overwhelmed use the passenger assistance with the airline. This will reduce the distance you will need to walk and generally there is a quiet waiting room for passengers to use, which can all help to keep your stress levels under control.

There is no fail safe way to protect us from all triggers, but managing the ones we can helps to prevent a migraine attack as much as possible when we fly. If you have a top tip for how to manage your triggers when you travel, get in touch today, and help your migraine community.



Migraine? It can be real pain in the neck!



I've had migraines pretty much as long as I can remember. With the benefit of hindsight, my first attack was after a drink of hot chocolate and a long day in an ancient car smelling of petrol, with brakes that only worked when they felt like it. The result of chocolate, volatile hydrocarbons and emotional tension was storming headache and being violently sick. That was 54 years ago.

As I grew up, so the migraines stayed with me. As a boy I didn't want to see a doctor when I (pardon the pun) religiously had a migraine every Sunday morning. At the time, I thought I would be thought slightly mad and therefore didn't want to see a doctor. Now I realise it was that Sunday morning lie in!

Over my lifetime my migraine frequency has broadly stayed at about one a week but with increasingly more variable triggers and thus more variable manifestation, in recent times. In the last

couple of years the frequency has increased to two, three or even four a week. Unlike earlier times, almost every episode has been accompanied by a really stiff neck: to such an extent that in each attack I was experiencing intense neck pain rather than my traditional "cold icicle hammered through the back of the eyeball". My neck has felt stiff in between attacks and it was impossible to lie, or sit, comfortably in bed.

I first saw an osteopath for neck pain over 15 years ago. Triptans, that I have taken since 1992, continued to work for acute attacks but, the number I was getting through increased to three or four a week and we all know that's not good. My bemused GP gave me the two, pretty obvious, choices. First go Triptan cold turkey and have heaven knows how many migraines until, hopefully, their frequency reduced. Alternatively, stay with the status quo. (To be absolutely fair, my GP has been very understanding and obliging but there has to come a point where anyone would give up. I had seen a neurologist twice and tried all the worthwhile prophylactic drugs going, but to no avail).

It is now over two years since I went to a Migraine Action open day in Liverpool. Despite my own thorough researching through the Internet I had not heard of occipital nerve blocking. A return trip to

“I thought I would be thought slightly mad!”

the GP, but no dice: either with getting the nerve block or the other obvious intervention for muscles of Botox.

The neck continued to get stiffer and stiffer and a lump on the neck muscle continued to grow every time I had an episode and shrink when I was in remission. Now, that lump has been there for 15 years and has been properly confirmed as nothing to worry about. But surely, it MUST be the neck causing my problems! Oddly, without seeing what is now an obvious connection I had remarked during an annual medication review three of four years ago that I seemed to get a lot of neck ache: "Probably tension from having the migraine and anyway you've had neck problems for years". I suffered a high speed head-on collision as a teenager, on a pushbike with a car and that doesn't bode well for the head or neck. Then there's age...

My next foray was physiotherapy and it was clear from the outset that the physio really didn't want to try manipulating my neck or massaging it. This was because it can trigger migraines. She confined my treatment to acupuncture. This together with a TENS machine after sessions provided some relief and reduction migraine frequency and depth, but not back to my long term baseline.

Finally, more time on the Internet revealed a different physiotherapy

approach based upon the premise of a displaced C2 neck vertebra. With the nearest practitioner over 30 miles away and private payments this was something of an undertaking, but life could not go on as it was. Either I was coming up to a migraine, having a migraine, getting over a migraine or being in the shadow between migraines with only every blue moon where I felt properly well.

The treatment is interesting. I expected crunching neck manipulation but no such thing. The physiotherapist palpates the upper cervical spine (C0-C3) in a systematic way to locate the headache(s) and/or migraine. The, initially weird, result is a migraine that rapidly flows out from the palpating thumb on the back of the neck through the middle of the head to an almost instant migraine at the front. With the angle of the thumb and the pressure just right it's an absolute storm: on a scale of 1 to 5 it's a six! She does five of these per session. Initially, I had to laugh, much to the physio's consternation, because within a minute and a half that pain flowed back to whence it came, to finish as the sensation of the thumb pressing on the back of the neck.

In addition, she uses a massage technique called myofascial release. This is used on tight, sometimes painful neck and shoulder muscles (the cervical



Migraine? It can be real pain in the neck! - continued

paraspinals, upper trapezius and levator scapular). Cervical extensor and deep neck flexor exercises were also taught that I have been doing.

The swelling lump in the neck has also proved to be a causal factor in my particular case and it transpires that muscles can become hyper reactive to tension or awkward postures... or nothing at all. Fortunately, it also turns out that the swelling is directly above the culprit: a muscle neural receptor plate which if tickled with a needle a few times calms down. This technique is called dry needling.

Four months later I'm back to less than one, typically very shallow, migraine per week. My triptan use has dropped to less than a third of what it was and I'm finding I can abort a threatened migraine with analgesics alone. In addition, I have been (now quite deliberately) provoking my body with triggers that I know are always effective: red wine, cheese, monosodium glutamate with no ill effects. I even went twenty four hours without sleep recently (not by choice) and still had no migraine.

I'm feeling much better between the episodes than I have for a long time. An almost constant reminder of a past or impending

migraine was nostril blocking on the same side as the pain. For the first time in years that nostril is generally unblocked. Indeed, so emphatic was the blockage that 40 years ago I had an unnecessary operation (of course with hindsight again), for sinusitis.

So here I am; fewer and shallower migraines and relief from both neck pain, and a permanent sense of a crick in the neck all the time. Of course, this is not going to work for everybody, but it has certainly done something quite dramatic for me. My physio tells me that around 85% of patients seem to be helped by this treatment. What is really significant is that you don't have to experience neck symptoms for the treatment to work.

The one galling fact is that this treatment known as the Watson technique, has been known for 30 years. Not all physiotherapists are trained in the technique and Watson Technique is not specifically listed on the Chartered Society of Physiotherapy website. So how did I find out about mine... by complete chance: my son plays cricket with a relative of hers. There is work to be done in getting the practitioners and the technique better known.

Finally, if I had read my own article ten years ago I would have said that there was some sort of massive placebo

effect going on here. After all if the technique is so effective, why is it not better known? Well, of course objectively I can't possibly say that there isn't. However, I have had something that I would equate to placebo effect in some previous conventional and alternative treatments that I have tried. Here, the difference is the lasting effect.

I'd like to thank Julie Davidson MCSP of Bramhall Park Physiotherapy Clinic, not only for my treatment but for her help with the specific medical details I have included here.



Jim Odell, a member of our medical advisory board and qualified chiropractor told Migraine Action "The Watson technique is one of a variety of manual therapy approaches that have found to be useful for headaches. In the case of migraine it is based on a well-established

theory that migraines result from the brain becoming overly sensitised due to abnormal signals via the nerves in the upper neck. However, as with all techniques there needs to be caution on over generalisation. It is well known that chronic migraine patients often suffer with other headaches e.g. chronic tension or cervicogenic type. The head also gets referral pain from the muscles in the neck which can mimic the location of migraine. Sometimes the non migraineous component of the chronic headache responds quickly which lessens the ongoing head pain, and in theory reduces the amount of abnormal input, helping to quieten the sensitive migraine brain. The result, as in Ned's case, is a reduction in the head pain and fewer migraines.

All headache focused physical therapists (chiropractors, osteopaths, physiotherapists) will apply the necessary techniques to help, of which the Watson approach is just one. It is important to remind anyone seeking treatment to ask if the physical therapist has undergone any additional headache training. If positive results are not seen in 4 to 6 sessions, you should consider looking for another therapist or an alternative approach to helping your migraines.

If you would like further information on Watson technique, contact Migraine Action on **08456 011 033** or email us at info@migraine.org.uk

Advertising Feature



Cefaly

When Cefaly was launched in the UK last year, only a few people in the migraine community had heard of this non invasive, non pharmaceutical, yet highly effective anti-migraine device. Yet, less than a year on, Cefaly has been transforming the lives of UK migraine sufferers, many of whom had been struggling with their migraine for many years, often suffering great social, financial and emotional cost in the process.

Many Cefaly users have positively reported being able to stop taking pharmaceutical drugs altogether, whilst others have found that the device has greatly reduced both their dependency on very powerful prescription anti-migraine drugs and the side effects that come with using them.

Perhaps, not surprisingly, the health media have shown huge interest in the device, with dozens of positive stories appearing on Cefaly in newspapers, women's magazines, online health sights and radio.

The medical community too, has been generally supportive of Cefaly, seeing it as a safe treatment which could provide an effective alternative to pharmaceutical drugs.

Dr Andrew Dowson, of
Headache Services at
King's College

Hospital and the Chairman of the charity MIPCA (Migraine in Primary Care Advisors):

“Although Cefaly does not work for everyone it is very useful to be able to suggest to my migraine patients an alternative treatment that is non pharmaceutical, safe and easy to use.”

The migraine charities too, have taken a great interest in Cefaly. Dr Sue Lipscombe of the Migraine Action, who runs headache clinics in the south of England says:

“Options for the treatment of persistent migraine are notoriously limited and many have unpleasant side effects, so it is very good news that a device such as Cefaly is now readily available in the UK. We would be very interested to hear from any of our members who have found Cefaly to have been of benefit to them.”



So what exactly is Cefaly and how does it work? In scientific terms Cefaly is a supraorbital transcutaneous stimulator.



Most headaches and migraines involve the trigeminal nerve, whose main branch ends at the exit of the eye socket sitting just underneath the skin of the forehead.

Through the electrode pad, Cefaly provides precise electrical impulses to activate the supraorbital (upper) branch of the trigeminal nerve (the nerve implicated in most types of migraine attacks). The signals desensitise the nerve fibres which are responsible for sending pain signals to the brain. Exactly how Cefaly works is not known, but it is thought that the stimulation raises the threshold at which migraine pain begins to overwhelm the nervous system and causes pain. Regular repetition of this helps reduce the number of attacks of headaches and migraines.

Cefaly is certainly not an instant fix. Whilst it can and is used to ward off an imminent migraine attack, it is probably most effective as a long term preventative measure, with the aim of reducing or removing migraines altogether.

The research behind Cefaly is robust. A double blind randomised sham controlled study carried out on 67 patients across five centres in Belgium reported that 38% of patients who used Cefaly reported at least a 50% reduction in their migraine frequency and a 37% reduction in the amount of medication they had to take each month.

“Our research concluded that Cefaly helped around 40% of patients”, explains neurologist Jean Schoenen, Honorary Full Professor at the Headache Research Unit at the University of Leige, from where the independent study was carried out. “This compares with a pharmaceutical success rate of 50% - 60%. On the other hand, Cefaly is almost side effect free, whereas many of our patients report very difficult side effects from some of the drugs we use to treat them.”

Another independent study of 2,300 migraine sufferers who used Cefaly for 40 days reported a satisfaction rate of 71%. The authors of the study noted however that some of the 30% treatment failure may be due to poor compliance – in other words the user did not quite understand how to use Cefaly correctly over a period of time.

So how do you best use the device to ensure that you get the most effective migraine relief? It really couldn't be simpler.

Firstly, it is important that the pads which attach the electrodes to the forehead should be placed correctly, on the forehead in between the eyes, with the lower part of the pad in line with your eyebrows. To ensure a good contact between the pad and the skin, make sure that you cleanse the skin properly first, either with soap and water or with



Cefaly - continued

a special cleansing wipe supplied with your Cefaly.

There are three settings on the Cefaly device: 1, 2 and 3. Programme 2 is the prevention programme which should be undergone daily (many people use it just before bedtime) to give you the best possible chance of decreasing or even eliminating your migraines altogether.



Place the Cefaly device around your head ensuring that the electrode pad is the correct position between and just above your eyes. The narrowest part of the electrode pad is position at the bottom, and the lower edge of the pad is placed in line with the eyebrows. Press the 'programme select' button twice (for programme two), then sit back and relax.

The programme starts automatically and runs for twenty minutes and during that time, you will feel a tingling sensation that increases in intensity. Although 95% of users found Cefaly easy to use, a small minority have found the tingling feeling to be uncomfortable. It is important to realise that your tolerance of this sensation will increase over time, however if you are struggling just press the button again and the sensation will stabilise and remain so for the rest of that session.

If you are suffering, or feel you are about to suffer a migraine attack, for immediate relief use Programme 1 by pressing the 'programme select' button just once. If one twenty minute session does not provide you with enough relief you can safely run another session straight afterwards. Programme 1 will not work effectively in isolation; you have to use it in conjunction with the regular, preventative Programme 2.

Finally, a side effect of supraorbital transcutaneous neurostimulation is its relaxing and sedative effect. Press the 'programme select' button three times to put you into Programme 3, use it two to three times a week, and enjoy a very sound night's sleep! One device, three very useful programmes. No wonder Cefaly is rapidly becoming an integral part of the migraine landscape here in the UK.



Gel may hold the key to pain relief

A topical NSAID gel may be an effective migraine treatment for patients unable to tolerate oral NSAIDs, study results indicate. Ketoprofen gel (ELS-M11) targets the peripheral trigeminal nerves without the side effects of oral NSAIDs, reported Wolfgang Liedtke, MD, PhD, of Duke University, and colleagues at the American Academy of Neurology 2015 Annual Meeting. The researchers screened 48 subjects and enrolled 42 randomized patients in the crossover, double-blind, placebo-controlled study.

The patients, mean age 44 and 83% female, had a history of episodic migraine for one year.

During the course of the study, the patients had 130 headache events: 22 patients experienced 49 severe headaches, 22 of which were treated with ELS-M11 and 27 with placebo.

The gel was applied facially-bilaterally at all three trigeminal divisions. Of the headaches treated with ELS-M11, 45% had sustained pain relief from two to 24 hours compared to 15% of headaches treated with placebo. At the four-hour mark, 23% of headaches treated with ELS-M11 were pain free compared with 15% of placebo headaches. At 24 hours, 50% of headaches treated with ELS-M11 had pain relief and were pain free compared to 25% of placebo headaches.



Overall, patients who treated their headaches with ELS-M11 were three times as likely to experience relief of related headache symptoms such as nausea and photophobia compared with placebo. Adverse effects associated with use of ELS-M11 included irritation at application site, which was predominantly mild or moderate and resolved quickly.

The researchers noted that even after 24 hours, the drug does not lose efficacy because efficacy is based on the amount accumulated in the tissue rather than what's circulating in the blood.

Based on the results, which were more profound in patients with severe headaches compared to those with mild attacks, the researchers now plan to conduct phase 2b and 3 studies to better determine efficacy and explore the mechanism further.

This study was funded by Achelios Therapeutics.

*First published in Neurology Advisor
27th April 2015*



Understanding migraine through brain scanning

At Kings College Hospital, London the NIHR/Wellcome Trust King's Clinical Research Facility, are looking for volunteers just like you, to help with a

new study to understand the different phases of migraine. Professor Peter J Goadsby explains more;



Migraine is a common and disabling disorder. It has often been ignored and this in a large part is because it is poorly

understood. It has become increasingly clear that migraine is a brain disorder, and that pain is only one feature of the process. Diary studies have shown that a proportion of patients are able to predict reliably their headache attacks, up to a few hours to days before the pain starts, through their experience of symptoms that warn them a headache is imminent. These symptoms can include thirst, yawning, tiredness and concentration problems and are called the premonitory symptoms. Additionally, when migraine patients are questioned, the vast majority feel that they are unable to

return to normal function after a headache has settled, because of feelings afterwards

including feeling 'hungover', 'drunk', fatigued and 'slow'. These symptoms are referred to as the postdrome.

In recent years brain imaging has allowed us to gain a more detailed understanding of what is happening during a migraine attack. There are many techniques to scan the brain and conventional CT and MRI scans, which look at the brain structure, are usually normal in migraine. We therefore use so-called functional scans, to look at brain activity. One such method is called functional magnetic resonance imaging (fMRI) which gives an idea of brain activity and blood flow as well as structure. MRI scans use no radiation, and are therefore completely safe and there is no limit to the number of scans one person can have in their lifetime.

We are conducting a study which focuses on scanning the pain-free premonitory and postdrome stages of a migraine attack. A major problem in studying migraine is that it comes in a largely unpredictable way, and so to marshal model, novel brain scanning methods we have developed a technique to trigger attacks. We use a drug called nitroglycerin, a substance known for 100 years to trigger headache, so that we can capture all the symptoms, regardless of how early in the course of an attack they occur. We then scan the

“We are looking for volunteers just like you!”

brain at four intervals for 30-45 minutes at a time.

Our study for the first time will give us insight into the minute by minute changes that happen in a brain during a migraine attack, from the early premonitory symptoms through the pain to the postdrome. We hope to be able to gain understanding of the areas of the brain affected at different stages, and therefore the systems that generate a migraine. By understanding what happens at the earliest point in the attack, we hope to be able to identify drug targets that may in the future, help development of drugs that can work before the pain has even started, to prevent it from coming on at all. We also want to understand the basis behind such symptoms like mood change and memory difficulties, which can be as disabling as the headache.

- Do you have migraine?
- Are you aged between 20 to 50 years?
- Would you like to help understand how migraine is generated using this new brain scanning technique?

If you answered yes to these 3 questions then you may be eligible to help with this new study scanning your brain during the different phases of your migraine attack. The imaging technique does not include harmful radiation and is therefore safe.

This study involves a clinic visit to ensure eligibility with of the headache doctors at King's College Hospital, followed by a further 3-4 whole day visits to the Clinical Research Facility at King's College Hospital. The study is funded by the Migraine Trust and you would be reimbursed for travel and your time.



How can we understand THIS by looking at THIS? What happens in the brain before symptoms of a migraine headache develop and after the headache has gone but you still feel unwell?

We understand it is not easy to have an attack. We understand it is even less attractive to have one triggered. However, without research into migraine attacks we will never understand the disorder properly and deliver new approaches. We are looking for volunteers with migraine who can help us know more about migraine and invest in the future of all migraine sufferers.

If you would like to take part in the study or for further information please contact Jessica Lowe (Research Coordinator) by email on headache-research@kcl.ac.uk.



New study on the impact of Sumatriptan

A new study, which looked to determine whether Sumatriptan, the acute migraine treatment's outcome is different in migraine with aura compared with migraine without aura, has found some interesting results.

The study conducted by Dr Jakob Møller Hansen from the Headache Research and Treatment Program Department of Neurology, at the University of California Los Angeles, supported by Dr Peter Goadsby (from Kings College London) and Andrew Charles (Glostrup Hospital, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark), pooled outcome data for Sumatriptan treatment of migraine with and without aura from the sumatriptan/naratriptan aggregate patient database.

The pooled research showed that pain-free rates 2 hours post-dose for Sumatriptan 100 mg, were significantly higher in patients treating attacks without aura (32%) compared with the group who treated attacks with aura (24%). The relative risk for pain freedom 2 hours post-dose for attacks without aura was 1.33 (95% confidence interval: 1.16–1.54). The number of tablets needed to treat for 2 hours of pain freedom was an average of 4.4 tablets for attacks without aura and

6.2 for attacks with aura.

This study, analysing the pooled data from multiple randomized trials, indicates that Sumatriptan is less effective as acute therapy for migraine attacks with aura compared with attacks without aura. Different responses of migraine with vs without aura to acute therapies may provide insight into underlying migraine mechanisms and influence the choice of acute therapies for different types of migraine attacks.

COOLHEAD trial takes next step

In our last Challenging Migraine we told you about Dr Jitka Vanderpol and her team's study, looking into the effects of cryotherapy (non-pharmacological treatment) in acute migraine attacks. Winner of this year's Bright Ideas Health Award, this COOLHEAD trial researched the benefits of intranasal evaporative cooling for the treatment of migraine, utilising Benechill device. Phase II of the study will begin recruiting this July, to run a larger clinical trial for 6-9 months in 4 sites across the North of England. We here at Migraine Action are excited to share with you the next promising results of this study.

Member feedback



Here's where you have your say

from Linda Hall

“Thank you for the updated information on Migril. This worked for me for many years, so I never tried triptans. And now I’m post-menopausal, and my classical pre-menstrual migraine with aura has largely faded away, I hope I won’t need either again (but never say never with migraine!) ... A hospital pharmacist gave me a valuable tip when I once found myself at work, with aura and without my medication (I’ve never used more than one handbag since!) Take a second dose of painkiller 2 hours after the first, but don’t exceed the 24 hour limit. This has usually worked for me of late. And my preferred painkiller is Acetaminophen (not available in the UK, but available in drug stores in the USA and Canada – also in combination OTC form over there in migraine remedies. This was withdrawn in the UK in the 1960s, as regular usage causes kidney damage).

Checking blood pressure is important. Since my high blood pressure has been treated, I do get less headaches. Mr Kempson (May 2015 Challenging Migraine) says Amplodophine has helped him, Ramipril has helped me – both drugs have effects on blood vessel contractibility as well as reducing blood pressure.

Like Dr Sarah Jarvis (May 2015 Challenging Migraine), I used to get “Saturday morning migraine” – reduction

of stress, a lie-in – whatever it was it was horrible. For me, migraine was a “final common pathway” – one trigger wouldn’t cause it, but add together two or three and bingo! So it’s definitely worth keeping a diary to identify your triggers and what helps, because then you can anticipate what not to do and what to do.

Now in retirement, I get up when I wake up, have a coffee and read whilst my husband has a lie in (for me, strong coffee helps relieve headache – caffeine is in my combination painkillers).

So I am not completely migraine free, but nearly so. And the menopause has set me free! So ladies, there is light at the end of the tunnel. And I hope sharing my experiences may help other migraine sufferers manage a little better.”

from Mrs D Hills, who wanted to share some incredible news

“Over the years I have tried everything; Acupuncture, psychotherapy, hypnotherapy, all types of vitamins and natural products/herbal, feverfew, homeopaths, chiropractors, osteopaths, physiotherapy, reflexology. I still take magnesium tablets (300mg daily) and one strong coffee a day... But now released from migraines thanks to blood pressure pills – I am also now on Warfarin.



“After years of

Here's where you have your say - continued

Two years ago my surgery called an ambulance after I had suffered terrible palpitations; unable to sleep and sitting in a chair during the night. I then spent the day in the Royal Devon and Exeter hospital where various tests were carried out. A medical professor diagnosed atrial fibrillation which carries a risk of stroke.

Verapamil was prescribed... Since then I have been totally free of migraine suffering only occasional headaches which are relieved by basic Panadol.

The initial worry of taking Verapamil would now prevent me taking triptans

– my lifeline for many years and also stopping Domperidone.

After more than 50 years of appalling crippling migraine, suddenly I was free at 76 years. Migraine has been a horror story for me; problems working, bringing up 3 children alone due to the death of my husband and continual cancellation of events due to migraine.

My membership with Migraine Action goes back many, many years where I found huge support. Thank you so much.”



Can you help your migraine community?

Ruth O'Donoghue recently contacted us here at Migraine Action to find out whether anyone suffered the same triggers as herself.

Ruth is currently seeing Dr Paul Davies (whose headache clinic featured in May Challenging Migraine) who has been very understanding. Ruth takes Topiramate and has botox, which have both helped to ease her attacks. However, sadly Ruth's attacks are once again worsening.

Ruth is considering Occipital Nerve Stimulation treatment, but as her migraines are “only” 8/12 a month, she does not fit the main criteria of 15 migraines a month for the treatment.

Ruth is unable to read anything - computer, newspapers, magazines, paperwork, recipes basically anything readable. If you have experienced this trigger, please get in contact today to help Ruth find relief from these devastating attacks.

Please call **08456 011 033** weekdays, 10 am to 4 pm, or email info@migraine.org.uk

crippling migraine, suddenly I was free!"

from Gemma Marsh

Gemma, who has suffered migraines for many years, uses art to explain to non-sufferers how migraine is more than just a headache. Below Gemma explains further how her migraines are triggered "I started suffering from them at aged 13 and I would say with almost total certainty my migraines are hormonal. I'm 36 now and during both my pregnancies the migraines dramatically decreased. I have tracked my migraines for the last 2 years and I have 2 to 3 a month. Although when I was working full time I would get one or two a week so stress and tiredness can also trigger them on top.

I usually have one mid cycle, one 24 hours before or on the day I start my cycle which is the worst one and can last 1 to 3 days. Then if I'm unlucky I get another one at the end of menstruation. When it's particularly bad my vision in one eye goes into soft focus. I can get pins and needles tingling in my scalp and round that side of my neck and shoulder too as an attack is looming."



*A picture is worth a thousand words:
Gemma's migraine attacks. How do yours compare?*

How about you?

Do you have advice to share with other migraine sufferers? Do you find drawing, like Gemma, helps to show others what a migraine attack really is? Send us your stories, advice or drawings to appear in the next edition of Challenging Migraine.

Headache Clinic



Dr Prab Prabhakar, Consultant Paediatric Neurologist at GOSH

This year Migraine Awareness Week will focus on young migraineurs. We speak to Dr Prab Prabhakar, Consultant Paediatric Neurologist at the Great Ormond Street Hospital in London, about the Children's Headache Clinic he works at.

When did the clinic open?
1999.

How did you get interested in headache?

I qualified from Madras University in Chennai in 1993. I undertook general paediatric, neonatal and community paediatric training in various hospitals including Peterborough, Hastings, and Kings College Hospital in London, Southend, Bristol and King George Hospital in Essex. I subsequently underwent training in paediatric neurology in London, and was appointed as a consultant in 2007 on completion of training. I trained under Dr Sarah Benton and Professor Peter Goadsby.

When does the clinic run?

The clinic runs every 2nd and 4th Monday from 1.30pm to 5pm

Is it GP referral only?

Referrals are from Paediatricians. Some referrals are generally accepted if referral has come from a local neurologist, the child or

young person has migraine and failed two prophylactic medications and if there is a question about diagnosis.

What other medics/practitioners work with you at the clinic?

I work alongside a Clinical Nurse Specialist and a Psychologist.

How far afield do people come to visit the clinic?

We have referrals come from all over England, Republic of Ireland, Northern Ireland, Scotland and Wales. Even as far as Spain, Isle of Man, Jersey and Gibraltar.

How long do people generally wait for an appointment after being referred by their Paediatrician?

Our referral time is usually around 4 months.

How many patients do you see in a year?

I see approximately 120 new patients and 220 follow-ups in a year.

What is a typical day at the clinic?

We start the clinic day by having a meeting with the psychologist, the nurse specialist and the clinic administrator. We review the information available; go through the referred headache diary, catch-up on other patients in the community. We have trainees who attend the clinic. Once the clinic is finished, we dictate clinic letters to the GPs and



referring physicians, copy information to the patients and organise investigations or follow-ups as appropriate.

What is a 'typical' patient for you?

I suppose our typical patients are the ones who suffer with chronic migraine.

Do you/the clinic specialise in anything in particular?

We specialise in Occipital Nerve injections, the Transcranial Magnetic Stimulation device and gammaCore therapy.

What would a patient expect on their first appointment?

Before the appointment we will ask the patient/patients' parents to complete a headache diary, and fill in a PedMIDAS questionnaire. We will also send them some other questionnaires for the parents and the child to complete. These aim to identify the current concerns and assess quality of life and emotional wellbeing. This can help us to identify any further support that may be helpful to their child and can also form a part of assessing the effect of treatment. We also ask them to bring with them a list of all headache medications and doses given that the patient has used to treat their headaches in the past. From this information, we should be able to give a diagnosis and come up with a treatment plan.

Do most patients need a follow up appointment? If so, what is the usual timescale?

Follow up appointments will vary for each person; If I do need to do a follow up it is

normally within 6 months.

What do you enjoy most about working at the clinic?

I enjoy receiving feedback from the patients/parents'; it's nice to know we can make a difference!

What is the most challenging aspect of working at the clinic?

Working with the resources we have can be very challenging at times.

What would you hope to see/achieve in the next few years?

I would like to see our capacity and Psychology improve. It would be great to have better IT equipment and see the integration of non-governmental organisations and the National Health Service.

If you could give those affected by migraine one key piece of advice, what would it be?

Have a 2 day rule when it comes to taking your medication – avoid medication overuse!

How restricted are children affected by migraine by medication limitations?

A number of migraine medications are either not licenced for use in children or not licensed for this indication. E.g., Sumatriptan spray is licensed for use only from age 12 onwards. Younger children will have to use tablets. However, in children under 12 who have vomiting as an early symptom, we might have to use an alternative "off license".



Dr Prab Prabhakar - continued

What can a parent do to help support their child both in managing the condition and when an attack begins?

Reassurance is key. It would also be helpful to have a clear plan of how to manage the acute attack and the prophylaxis and get the child to participate in the decision making of what techniques, medications to use when. Children are very perceptive and it pays to listen to them. As they reach adolescence, more independence and teaching to manage the migraine themselves is also key to a good transition.

Is there any advice you could give to teachers for recognising the signs of the start of an attack of a pupil? How should they proceed to help the migraineur?

It would be helpful for all teachers to know what migraine is and how to recognise and help a child with this condition. I would recommend Migraine Action's RCGP guide to schools. Children are usually very good judges of pain and listening to them is always helpful. A child might look pale, spaced out, go quiet prior to an attack. They might feel nauseous. Recognising such an attack and giving space and help (quiet room, water to drink, access to medication).

Some children are able to take pain relief medication and sleep for an hour or so and then continue to function for the rest of the day.

For more information about our clinic then please visit our website - www.gosh.nhs.uk and in the search box type in 'headache'. Or contact Migraine Action at info@migraine.org.uk



*"It's nice to know we
can make
a difference"*



Migraine Action huge success at the BBC

Back in our last Challenging Migraine we told you about our fantastic BBC Radio 4 charity appeal – and it was an enormous success! Dr Sarah Jarvis, a fellow migraine sufferer, stepped up to the mark to present our appeal, helping to spread the truth that migraine is not just a headache.



In May, Rebekah Aitchison, from Migraine Action, joined Sarah to record the appeal at the Old British Broadcasting House, in London. As a true professional, Sarah sat for a couple of photos and recorded the appeal all in just half an hour. The broadcast went live on the 7th June, and within the week Migraine Action raised several thousand pounds! With donations continuing to come in the final count is still to be confirmed. We are so very grateful to all those who helped to share, promote and donate to our appeal.

The amazing generosity of the BBC Radio 4 listeners, and all those who donated, has helped Migraine Action to continue to provide support, advice and help to you and all those affected by migraine.

We hope you caught the appeal back in June, but if not you can still listen online. Simply visit the BBC Radio 4 charity appeals page, and scroll back through to Migraine Action's appeal. Or contact Migraine Action at info@migraine.org.uk.



“This was totally brilliant, thank you!”

Attendee to Guildford Migraine Insight



Migraine Action continues to travel the country

Back in May we brought Migraine Insight, our information event, to Cambridge. We were delighted to hear presentations from Dr Alex Valori, who has run the Migraine Clinic at Norwich for 25 years, and Dr Linda Damian, Headache Consultant Neurologist at the Norfolk and Norwich University Hospital in Cambridge, along with Dr Andrew Dowson, the head of our medical advisory board.

Anthony Sigrist, an acupuncturist who exhibited at our Cambridge event told us, "It was fantastic to be invited to an event where professionals from different disciplines, patients and supporters all come together with one common purpose; to manage this life limiting and debilitating illness. I had the opportunity to chat to a number of migraine sufferers and found a lot of them were extremely interested in trying traditional acupuncture, particularly because they'd heard it is very effective and wanted a natural intervention that mitigates the need for long term medication use."

But we didn't stop there; in June this year we were in Guildford helping to provide even more people with the information they need to take back control of their migraines.

Dr Balwindar Singh Athwal, Consultant Neurologist at the Royal Free London NHS Trust Foundation, and Dr Giorgio Lambru, Consultant Neurologist at the Pain Management and Neuromodulation Centre at Guy's and St Thomas' NHS Foundation Trust, London, both presented, along with Dr Dowson, to our attendees and answered some key questions on how to manage their condition.



Acupuncturist Anthony (right) with two of our other exhibitors, Chiropractors Jasper Hulscher (left) and Marcin Dochnal (centre) at Cambridge Migraine Insight

Migraine Insight will be coming to Manchester next on the 26th September and we would love to see you there. To book your spot now call **08456 011 033** or email us at **info@migraine.org.uk**

London Migraine Insight and AGM

This year, Migraine Action will be holding its Annual General Meeting and the London Migraine Insight Event on Saturday 10th October 2015.

Notice is given that the AGM of members of Migraine Action Incorporated will be held at Institute of Child Health at Great Ormond Street Hospital, London, on 10th October commencing at 11:15 am for the purpose of executing the following:

- 1) Apologies
- 2) Receive and adopt the Minutes etc.
- 3) Receive and adopt the Annual Report of the Board of Trustees for 2014/2015
- 4) Receive and adopt the Accounts for the year (01/04/2015 - 31/3/2015)
- 5) Accept the resignation of Mr Gary George and Miss Jennifer Hennah as Trustees and elect Mr Gary George, Mrs Julie Goldstein and Miss Jennifer Hennah as Trustees
- 6) Appoint Cunningtons & Co. as Independent Financial Examiner
- 7) Any Other Business

Migraine Insight, which will take place alongside the AGM will focus on treatment for young migraineurs, its impact upon education and the future. There will be an opportunity to ask questions to our medical experts on the day, as well as an opportunity to speak with experts in alternative therapies.

Speakers to the London Migraine Insight event are still to be confirmed, but if you would like further information please contact the office on **08456 011 033** weekdays 10 am – 4 pm, or email us at info@migraine.org.uk.

Early bird discounts will apply to the London event, so make sure you book your space early to ensure you don't miss out! Early bird tickets cost £5 for members and £10 for non-members of Migraine Action. Tickets purchased after the 11th September will cost £7 for members and £12 for non-members.

Book your place now!

Migril update

We are saddened to inform you that Migril will remain unavailable until the end of 2015.

Migril previously went out of production due to 3rd party manufacturing difficulties. Wockhardt (makers of Migril) are continuing their search to move production to another facility.

We here at Migraine Action will continue to keep you updated on the situation.



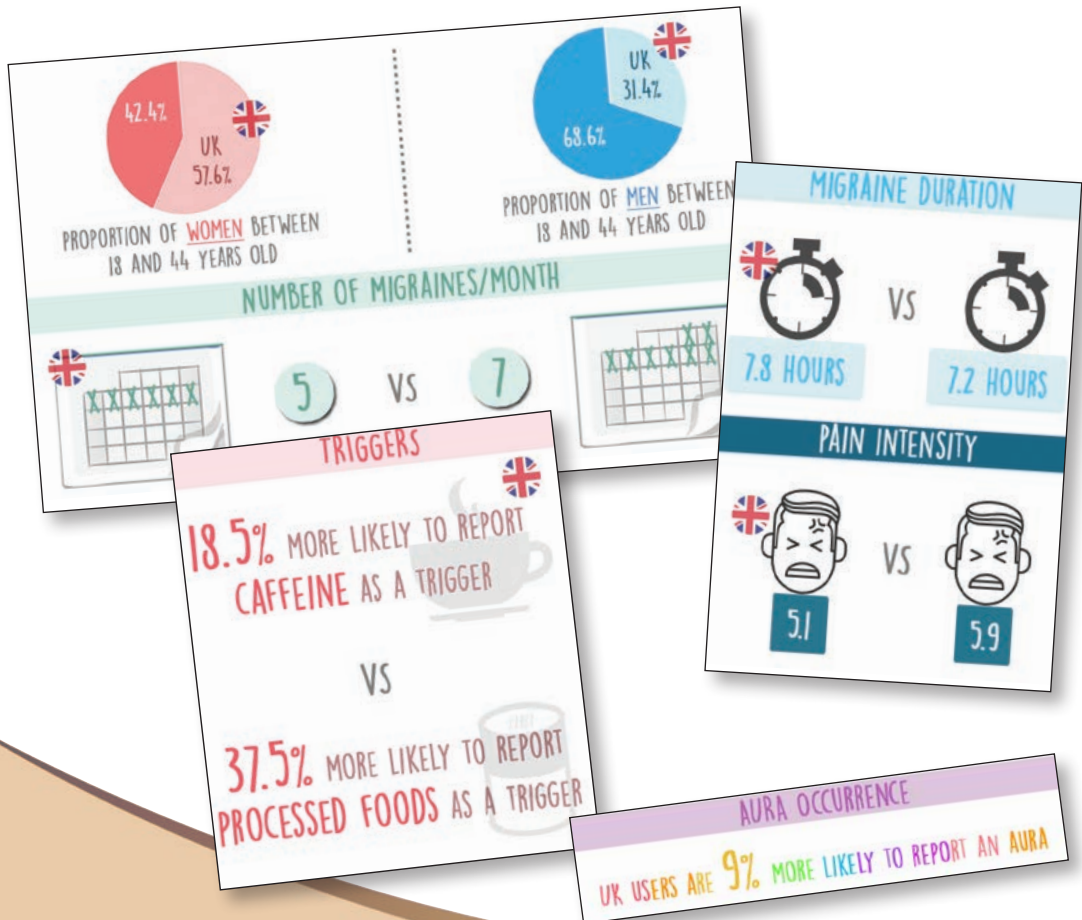
Migraine Buddy: The UK vs the world!

In our last edition of Challenging Migraine we told you about our recent team up with Migraine Buddy. Since then many of you have been using the app on both iPhone and Android devices to track your migraine attacks; we very much hope that you have already discovered triggers that you were not

previously aware of, helping to take control of your migraines.

Migraine Buddy have collected information (below) on how migraines affect those in the UK vs the rest of the world.

How do yours compare?



What's under your hat?

Over the coming months, the European Headache Alliance membership is asking the question 'What's Under The Hat?' encouraging patients to share their stories of the impact that headache disorders have on their lives.

"Our goal is to inspire public compassion for headache sufferers by making the invisible visible and provide a platform to give patients a voice" said a spokesperson from the European Headache Alliance. "By spreading our message across social media, we're getting people talking about the disruptive and painful impact

of headache so that headache can be given the priority it deserves." If you would like to join the Under The Hat campaign, visit www.underthehat.eu/ or for more information contact whats@underthehat.eu



Headaches and emotions research survey

Do you have 10 to 20 minutes to spare? Can you help with a new study being conducted at the University of Chester?

This new study aims to examine the interaction between your headache, emotions and behaviour; all you have to do is answer a few questions online about these areas in relation to your own migraine. If you would like further information on the study, or would like to take part please email us at

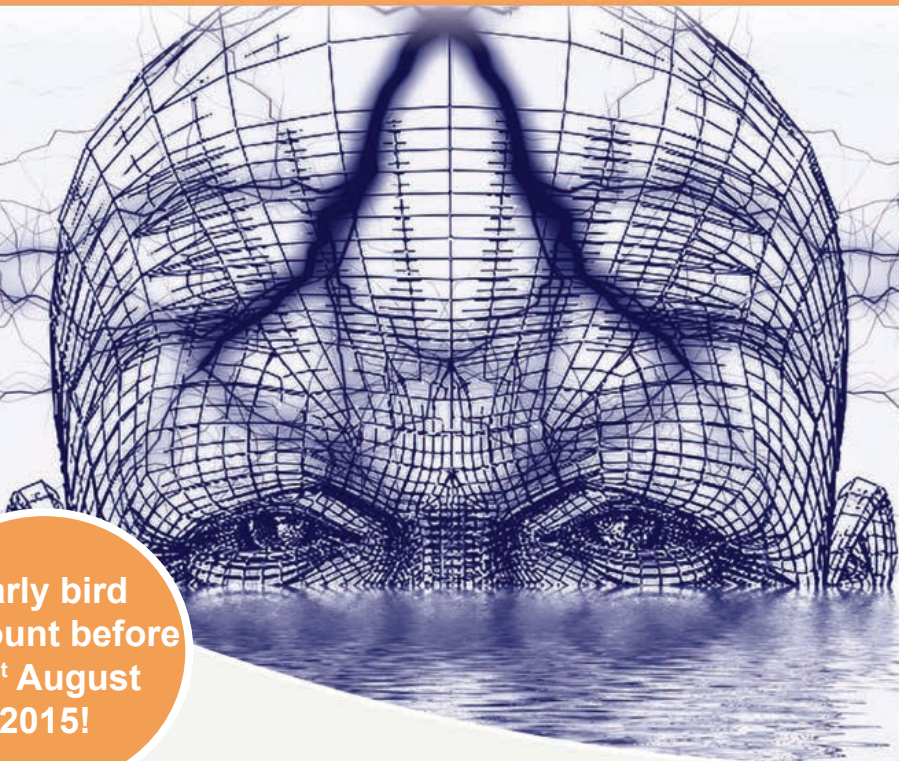
info@migraine.org.uk

Check out www.migraine.org.uk for the latest migraine news and event updates. Or follow us on Twitter and like us on Facebook by searching Migraine Action.



Migraine Insight

'Helping you take control'



Early bird
discount before
31st August
2015!

Saturday 26th September 2015

9.30am - 1.00pm

Novotel Manchester Centre

21 Dickinson Street, Manchester, M1 4LX

Booking Essential: £7 members, £12 non members

(£5 members, £10 non members for bookings made before 31st August 2015)

For more information please visit www.migraine.org.uk or call 08456 011 033



Organised by Migraine Action

**The national advisory and support charity for those affected
by migraine**

Registered Charity Number: 1152973