

NATIONAL
HEADACHE
FOUNDATION



HEADFIRST

Newsletter / October 2020



NHF IS PROUD TO BE A RESOURCE AND RAISE AWARENESS FOR THE 40+ MILLION AMERICANS WHO LIVE WITH HEADACHE AND MIGRAINE DISEASE.

We appreciate your contributions which help the Foundation to continue to raise awareness and advocate for those experiencing headache and migraine, as well as provide easy access to the resources and research needed to better understand these disorders.

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Thank you to everyone who participated and supported NHF during our 50th anniversary gala which celebrated 50 years of community.

Congratulations to all who were honored and be on the lookout for a full recap of the gala in next month's newsletter.

★FEATURED ARTICLE:

Migraine Disease and Changing Seasons

As we welcome cooler temperatures, those with headache and migraine disease also face an increased risk for headache and migraine attacks. When the season shifts from summer to fall, the barometric pressure of the atmosphere changes, which is a

known migraine trigger. Additionally, the shorter days and the end of Daylight Savings Time may affect sleep patterns. Lower humidity and allergens can also cause headache attacks during the fall.

Those living with Cluster Headache may be especially at risk for attacks during fall and spring. Be careful not to dismiss a seasonal headache as allergies or sinusitis. It is critical to see a headache specialist who can give you an accurate diagnosis to receive adequate treatment. To find a headache specialist in your area, please visit the provider finder on our website [here](#).

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★FEATURED ARTICLE:

Cluster Headache

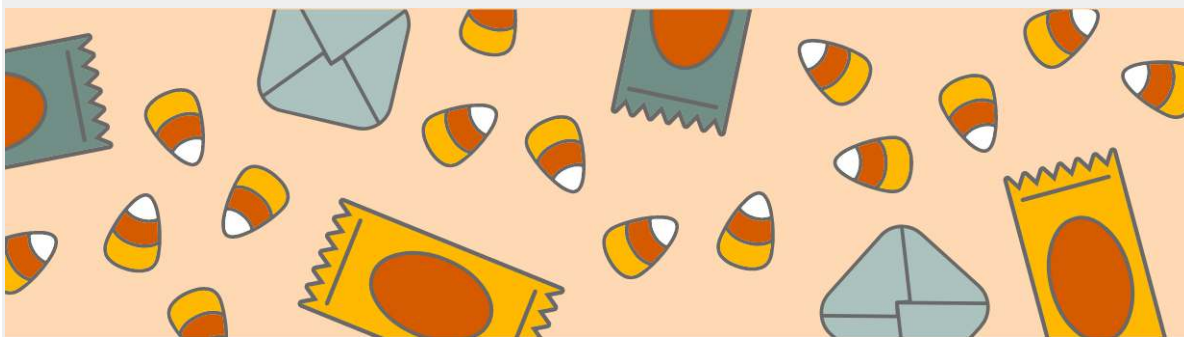
Those living with Cluster Headache generally report more frequent attacks in the fall. Shorter days may affect sleep cycles. Cluster Headache is one of the most severe headache disorders and also the least common, affecting **1 out of 1,000 people**. Due to their seasonal nature, Cluster Headache can be misdiagnosed as allergies or sinusitis. According to the [Mayo Clinic](#), the most common symptoms include:

- Excruciating pain that is generally situated in, behind or around one eye, but may radiate to other areas of your face, head and neck
- One-side pain
- Restlessness
- Excessive tearing
- Redness of your eye on the affected side
- Stuffy or runny nose on the affected side
- Pale skin (pallor) or flushing on your face
- Swelling around your eye on the affected side
- Drooping eyelid on the affected side

The primary treatment for those with Cluster Headache is oxygen therapy. Unfortunately, many living with Cluster Headache struggle to get this treatment. Insurance companies may deny this vital treatment making oxygen therapy too costly for many living with the disease. Check out [Cluster Busters](#) for more resources.

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? DID YOU KNOW?



Think twice before reaching for more Halloween candy. Although fun-size treats seem harmless (how could something so tiny have any repercussions?), beware... sugar can trigger migraine attacks. It does so by spiking your blood sugar levels only for it to crash quickly after. Certain candies, like chocolate, are also more likely to trigger headaches than others.

If you're prone to migraine disease, you can still indulge in a Halloween treat. Just be sure to practice moderation in your sweets consumption, drink plenty of water throughout the day and be sure to eat an abundance of healthy foods with protein and whole grains, that help regulate blood sugar levels.

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IN THE NEWS

In a new case report, a female patient who recovered from COVID-19 has reported having a headache for 85 plus days in a row. At this time, not much is known about the relationship between COVID-19 and migraine disease, but the patient had been diagnosed with migraine disease, with and without aura. However, she only experienced three headache days a month prior to her COVID-19 diagnosis.



Researchers are still trying to understand what may be causing this patient's increase in headache. They have mostly ruled out her headache as a result of overuse of medication. However, her headache could be a worsening of previous headache due to stress, or the result of a viral disease that worsens primary headache. **Post-viral**

headache, in research done to-date, can have a profound impact on a person's health after recovering from a viral infection.

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TIPS & TRICKS

High-tyramine foods are known triggers for headache and migraine attacks, and that means some seasonal goodies are more likely to cause headaches than others. It is all about the ingredients, and below is a handy list of common ingredients in treats and desserts that are not as likely to cause headache and should be enjoyed in moderation this holiday season:

Allowed:

- Cane Sugar
- Jelly/Jam
- Honey
- Hard Candies

Proceed with Caution:

- Chocolate Candies
- Ice Cream
- Pudding

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Listen to [Heads UP](#), the National Headache Foundation's official weekly podcast where experts discuss a range of topics related to headache. Recent episodes include:

Episode 70: [Devices to treat Migraine Disease and Cluster Headache](#)

Episode 27: [Cluster Headaches](#)

Episode 71: [Botox, Migraine Disease and Pregnancy](#)

ASK THE EXPERTS

QUESTION:

My daughter (36-years-old) has a long history of hemiplegic migraines. She is currently on disability after

giving up a job she loved. Her quality of life is poor, and her home life is adversely affected. She has seen many neurologists and taken everything suggested for her migraines and has had little success. At one time, she was given Adderall and it seemed to help more than most medications, but that physician retired, and her current physician took her off of this medication and will no longer prescribe it. Is Adderall a recognized treatment for hemiplegic migraines or was this a fluke? Are there any counter contradictions for prescribing Adderall for her hemiplegic migraines?

She is desperate for any information that may lead to successful treatment. Do you have any information or suggestions that may be beneficial?

ANSWER:

Some cases of hemiplegic migraine occur in families and we know of three major gene mutations and others that account for them. But even those genetic changes account for a small percent of people with hemiplegic migraine and in most people with the disorder, most being sporadic, their specific cause is unknown, and therefore it is difficult to guess what might be an effective treatment.



Mark W. Green MD

I am assuming that the most common migraine preventives have been tried. Unfortunately, there are only small studies about treatment successes. I have had success with using flunarizine, a calcium channel blocker not available in the US, but widely used elsewhere and available at canadapharmacy.com. Nimodipine is another calcium channel blocker that we have used and is available in the US. I have also had successes adding acetazolamide to the calcium channel blocker. On some occasions, Namenda (memantine) has helped some in my practice, which can block a wave of electrical activity that is relevant in some. Ketamine nasal spray can reduce the intensity of an attack, but unfortunately not its duration. I have not seen studies yet on the new CGRP monoclonal antibodies, but they may be an option in the near future. Triptans, which are listed as contraindicated in the package inserts, might actually be safe and effective in the acute treatment; but hopefully further studies will clarify this.

Mark Green, MD

Director of Headache and Pain Medicine and Professor of Neurology, Anesthesiology, and Rehabilitation Medicine at the Icahn School of Medicine at Mount Sinai New York, NY

Each month we'll feature your questions and our answers about headache and migraine in the newsletter. If you have a question about headache or migraine, please email us and keep an eye out for the answer from one of our doctors!

Email: info@headaches.org

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Phone: 312-274-2650 Email: info@headaches.org

National Headache Foundation 820 N. Orleans, Suite 201 Chicago, IL 60610-3131

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12/7/2020

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