

Episode 208: Teens, Puberty, & Migraine | Building Strength and Resilience

Lindsay Weitzel, PhD:

Hello and welcome to HeadWise, the videocast and podcast of the National Headache Foundation. I'm Dr. Lindsay Weitzel. I'm the founder of Migraine Nation, and I have a history of chronic and daily migraine that began at the age of four. I am super excited and honored today because I am here with Dr. Dawn Buse. Hello, Dr. Buse, how are you?

Dawn Buse, PhD:

Hello, Dr. Weitzel, and hello to everyone joining us.

Lindsay Weitzel, PhD:

Thank you for being here. Dr. Buse is a Clinical Professor of Neurology, a psychologist, and a mom who specializes in headache, migraine, and living well with chronic illness. She is very well known. We love having her on. She is so respected by our audience, and I get excited every time we get to record together. I have asked Dr. Buse to do a series of HeadWise episodes where we address different stages of women's lives and talk about data from published scientific studies that are relevant to women at each stage. We also want to give strategies for living with migraine and chronic head pain at each stage of life.

Today we are discussing the transition from girl to woman that happens biologically in terms of menarche, puberty, and the start of menstrual cycles, as well as intellectually, socially and emotionally. We're going to discuss this and its role in migraine and exactly how the girls and women can deal with it. And how to deal with it as parents because Dr. Buse and I are both moms of kids with migraine, so we do understand a lot about this. We're going to delve into this, and we hope that there's something in it for everyone. Change is difficult for everyone, but it can be particularly difficult for people whose lives are affected by migraine, which is why we wanted to undergo this stages of life series.

Migraine during puberty is a big topic for me. We know that epidemiologic research, like the AMPP study and the AMS studies, that incidence of migraine, which means when the disease starts, increases at this time of life, as well as potentially increased frequency and severity of preexisting migraine that could have been left over from childhood, etc. I feel like I see young girls with migraine who are already fighting through school and life with migraine, and then it becomes worse when they begin having periods. And they possibly developed menstrually related migraine to add to their preexisting migraine disease. This is a big deal. This can make girls much sicker as they grow and mature. Can you talk about the effects that this might have on a young woman's life?

Dawn Buse, PhD:

Oh, of course. This can affect women's lives in all the ways, the smallest ways to the biggest ways. We know this with adult women. We know this with adolescent women. So, what's important to a young woman and adolescent with migraine? Academics, school, schoolwork, being at school, missing school, the extracurriculars, sports, music, hobbies, clubs, jobs, as well as the very important aspect of social life and social development. Friends, friend activities. And we always want to honor that for our children, our adolescents, developing young people, that social skills and social relationships is one of

their primary tasks. It is what they are learning, is part of how they're learning how to be adults in our society. So, we really want to give respect that the social aspect of their life is really important.

Lindsay Weitzel, PhD:

I think that's so important. I'm glad you said that, because I do think that when young adults or children are trying to live their lives with migraine, the people around them tend to lose focus on their social life and are pushing them about their grades, etc. and think everything else is less important. And I like how you tend to remind everyone that their social life is also very important.

Dawn Buse, PhD:

Yeah I can give you an example about that. Now as parents, you and I are both parents of children with migraine. A parent's probably going to think about well, let's get you to school. Let's keep your grades up. Let's help you academically. That's what the school's going to also think quite a bit about. And so, what I've seen happen is a student may come home early from school or may miss a day of school, not feel well. Perhaps they take their medication, their other treatment, perhaps they get some good sleep, and by 4 or 5 p.m. they actually may feel well. They may be up and at 'em again and parents will think, oh well, they missed school. I shouldn't now let them go to that party or to that football game or go to their after-school job. They should do homework, or they just shouldn't be allowed to go out when they've missed the school day. And I'm going to respectfully recommend that they are allowed to go about all aspects of their life, including the social and the relaxation.

We do this as adults too. I missed work yesterday. I'm up and at home today, so now I really need to catch up on work and housework and chores. But I'm going to say that for all of us humans, all those facets of life have importance and value. So just because a child or adolescent is home from school with migraine pain or other headache pain or other illness doesn't mean they should miss whatever's going on once they're up and at 'em. And they're the best experts. They'll tell you when they're ready.

Lindsay Weitzel, PhD:

What if someone, a young person, who is really affected by migraine, sometimes they are depressed, sometimes they are experiencing some pretty strong emotions around the fact that their life is so affected. What if they do start losing friends? This is something that I can tell some stories about too. Having had chronic and daily migraine my entire life, this is a rough phase of life to get through if you are having a lot of migraine days. And so, I mean, losing friends can be a normal part of growing up. We go through phases with people or it can also be related to migraine, depression, kind of isolating yourself. I'd love to hear your thoughts on that for both people who might be going through it, young people and parents.

Dawn Buse, PhD:

I want to tease apart two important things you said from your own experience. Thank you, Lindsay, for always sharing your own experience and being vulnerable with all of us. That's really powerful. The first thing you talked about was the losing friends, maybe friends pulling away. And this happens for people with migraine, no matter what age they are that you have missed events you've canceled, events planned with people you have not been able to attend.

You left early. You didn't feel well during. What can naturally happen is those friend groups will go on without you. They may even think they're doing the right thing. Oh, Western invite Lindsay that concert, it's going to be too loud, and a lot of times she doesn't feel well. Let's not bother her. And I say, no, let's bother everybody.

Let's invite everybody. They can make their own decision. But it's natural. We see that happen with youth and adults, that friends and family will kind of start forgetting to invite them, because maybe they have not been able to attend, or they declined. They left early before. So that's an important thing to help your teen advocate for herself, for himself. As well as when you need to, reaching out as a parent, advocate. Or please invite Lindsay, she still loves doing x, y, and z. She can't always make it, but please keep her on the list sort of thing. This is an important time to start teaching our teens, especially young women, how to be assertive for themselves, how to advocate for themselves. This is a skill that will serve them well throughout their entire lives.

It's not too early to start. They're going to have to do some self-advocacy and say to their friends, I still want to do this, that it might be modified, it might be virtual versus in person. It might be shorter, it might be not allowed venue, it might not be a venue with as much bright light or strong odors. Maybe your teen doesn't feel as good at the beach in the bright sunlight, and maybe she would rather meet the friend indoors to do x, y, and z. So, this is where we're going to start modeling and teaching our teens to self-advocate and propose alternatives that work well for them. That was part one, kind of losing the friends because the friends don't include the person with migraine much anymore.

You also mention something important about depression. I am sorry to be the one to always bring this news, but migraine and depression are comorbid. As a quick reminder, comorbid means that two things go together more often than by chance. Migraine and depression are good friends. They have the same neurotransmitters. They work on similar parts of the nervous system. They have similar predispositions like traumatic life events, genetic predispositions. They travel together, as do migraine, anxiety. In fact, they are a little group of three. Do not be surprised if your teen has some signs, some symptoms of depression and or migraine. We expect it. It's part of the neurobiology. Nonetheless, that doesn't mean we shouldn't teach coping strategies. That means we should teach coping strategies.

And if you see your teen get to a place where you're worried, please reach out to your pediatrician or mental health expert right away. Do not be embarrassed. Do not wait. We also have a new national hotline, so happy about, you can call 988 or text at any time for information or advice. If as a parent, you're saying something doesn't feel right here or something's not good, in my gut, I got a gut feeling. Call a hotline or a warmline or talk to your pediatrician right away. Hopefully it was overreacting. No harm done. But these resources are there for us as parents to help protect our kiddos.

Lindsay Weitzel, PhD:

You mentioned and we had spoken beforehand that I perhaps should share a little bit about what it was like being a teen and the friendship side of it. And I think that something, in case anyone is experiencing this, there was a certain age for me as a teenager where my pain got considerably worse and got so severe, where I really had a hard time being friendly and being social, and I purposely self-isolated.

And at the time I didn't know the pain was not going to get better. Medicine was not keeping up with me at that time. Now at least it did years later. But it was not a good long-term strategy. And so that is

something I think parents should look out for. I was isolating because I wasn't sure how to be a good friend and to keep my personality going with how severe the pain was.

And that was probably a time I should have been brought back into the doctor and what do we do for her now? Is there something new, find a new doctor type of situation. And so that was why I asked the self-isolating question, because I do think sometimes when we're in a lot of pain, we don't know how to be friendly or to have fun because you're not feeling like you want to have fun. I think that is something, with all the things our teens deal with, adding severe pain to it can be pretty hard. It's pretty challenging. So that was why I brought that up.

Dawn Buse, PhD:

Absolutely.

Lindsay Weitzel, PhD:

The next question that I think we were going to move on to is, are romantic relationships and social activities impacted, like first boyfriend, first girlfriend, having a date to prom, etc. Is that difficult for people with migraine? Because it probably can be hard to know that you might have a group to go with to prom or homecoming if you're having these kinds of issues.

Dawn Buse, PhD:

Absolutely. All the same dynamics that we've seen adults talk about in the CaMEO study also impact youth with migraine. They are experiencing and working through some of these experiences for the first time. They're learning about relationships. Anything that might be difficult for an adult might be even more challenging for a young person with migraine. So let's think about sharing. Do you share this with your friends. Do you share your diagnosis, your symptoms, tell them what to expect. Well in therapy I'd work with someone and say yes and let's work on that message and how you share it. But teens are going to not feel real comfortable. They're shy. They want to be like everybody else. They don't want to be different. And this is a different label. It's a stigmatizing, different label. So, they have to think about how they're going to share.

They also have to think about what events are they going to miss or leave early or not enjoy as well, or need to be not as loud, not as bright. Going to a school dance is probably quite a loud, stimulating place. And sometimes those sensory experiences are tough for someone with migraine, whether they're in an attack or not. So, they may need to think about accommodations. And maybe they enjoy all the aspects of the dance except for standing in front of the loud music. Maybe they enjoy the shopping with the parent to get the dress and the pictures at the beginning, and the fancy car ride, and maybe a dinner and maybe meeting up with friends. And maybe they say, oh, I know that really loud music can be tough on me. And maybe they avoid that aspect. But that is something they'd have to explain to friends and dates and groups beforehand and make accommodations.

Now migraine is common, so there are other kiddos in the school with migraine. We may also want to figure out who they are. There might also be other youth with other chronic conditions, and maybe finding a group who is more understanding can be really helpful. I know as adults that the connections through the National Headache Foundation, the American Migraine Foundation, listening to this podcast and joining some of the support and advocacy groups is great for the soul. Same thing with

teenagers. Teenagers actually are just very connected human beings to a great extent. Not every teenager, but a lot of teenagers seek connection, thrive from their connection in their friend groups once they have it. So, these should all be direct conversations with your teen, and I would encourage them to listen to this podcast, as well as some of the other podcasts which you've created which are really for young people living with migraine.

Lindsay Weitzel, PhD:

Sometimes it just helps to know you're not alone or that someone has felt like you. You were talking about the dances. I can specifically remember, it was a JA dance that I was going to, it was one of my first dances I'd ever gone to. And I remember I was like, yeah, great. The dress is exciting. All this stuff is exciting. But there was so much pressure on me to plan for this great night and to feel good. And I was like there's no way I'm going to feel good on that night. And that is just not a good feeling. I've been there. Many people have been there, and find friends and stuff like that.

Dawn Buse, PhD:

Know the term that we use in in migraine science? Of course, it's interictal anxiety, the time between attacks, what happens for you. All the worry about what might happen. When's an attack coming. What's it going to mess up. How am I going to let people down. And interictal anxiety, the worry between attacks, is really powerful. It's one of our most powerful variables when we do analysis of our scientific data. How much someone worries before. The time when they're not even having an attack, how does migraine affect their life?

We want to start to reassure the person, this is not your fault. You are not alone. This is not uncommon. This is common. Chances are a teen with migraine has a good chance of having at least one parent, maybe two, some aunts and uncles or grandmother with migraine. So, there's probably other family members who understand, as well as thinking about all the people who are in place for you: your pediatrician, your OB-GYN, all the mental health care professionals, as well as school administrators. Schools have a lot of people in support roles. In addition to a principal and teacher, you're going to have a school nurse. You'll have school counselors, as well as school psychologist who are usually a slightly different role. You'll usually have counselors on site. Maybe a psychologist covers a few different schools. As well as when you get off to college, you have all offices that help with accommodations. So, remember that there's a lot of things in place. Start to explore those accommodations. You can also think about whether you're going to need a 504 plan, which is that academic plan which legally puts in place accommodations for anyone with any type of medical or psychological or physical illness or disability or need.

Lindsay Weitzel, PhD:

That's great advice, especially because those plans can follow you as you get older and in case you feel like you are getting worse. And it can alleviate some of that stress.

We just spoke a bit directly to the young women, the teens, and hopefully gave them some advice, maybe even a story or two that they might be able to relate to. Before we go today, let's talk to the parents because being a parent, when your child has migraine, it can be rough and stressful because you want to help so bad. And there's not always a way to help. So, what can you say to the parents today before we go?

Dawn Buse, PhD:

Well, there's a lot that that parents, or grown-ups, because not every child lives with their parents or both parents. You may have other grown-ups in your corner. So to all the grown-ups listening there are a lot of things you can do to support your youth with migraine. Work closely with the health care professional, may still be a pediatrician. You may have been referred to a pediatric neurologist, maybe a mental health care professional, maybe a school psychologist, school nurse. Work closely, have regular checkups. Your young person with migraine's medications may change. They may be aging into the ability to use some different medications and treatments that they weren't eligible before as a child. You want to think about what's happening with your young woman and hormones. She may need to talk to her health care professional about cycles. Keep a little headache diary and find out if you do see that she's more likely to have migraine around the time of bleeding in the menstrual cycle. If it's technically two days before to three days after the start of bleeding of a menstrual cycle, we call that menstrually related migraine. Treatment is pretty similar, except that treatment may be targeted if she predictably has these menstrually related migraines, meaning the drop in estrogen that happens between ovulation and to the start of bleeding triggers migraines for her. Her doctor may think about some other ways to treat like taking medication in that time window, but not other times a month, or thinking about hormonal treatments. So, keep a diary for when attacks happen. Think about the impact of hormones. Stay in touch with your health care professionals.

And then let's think about what are the things to do at home. Sleep, sleep, sleep on a routine. You got to get healthy and consistent sleep. Teenagers are naturally wired to fall asleep later and sleep in later. They would love to fall asleep after midnight and sleep until ten every day. Now, it's not their fault. It's the way they're set up, but of course that doesn't work well with school. If you have a teen who has super early morning responsibilities like sports practice before, music practice before school, that may really interfere with their sleep. You might need to see if you could push back their time to bed to quite an early time. Or it may just be that those super early morning activities don't jive with their circadian rhythm and that they're waking up during their deepest sleep time. And that is not good for the brain of someone with migraine. So healthy sleep habits, healthy nutrition, try to keep them fed and hydrated. And I think a lot of schools now have gone to a model of allowing students to keep water with them. If their school doesn't, then you just talk to the principal and the school nurse. You can put in a 504 plan and accommodation that they need to have water with them.

Now, just because it's in the accommodation doesn't mean your team is going to want to do that. Again, our teens like to fit in with their peer group, not stand out or be different. But hopefully water is something that's pretty universally accepted. Maybe buy a really cool water bottle of a color, some awesome stickers that say what they want it to say. They need to keep a steady blood sugar. They need to eat on regular intervals. Again, might need to talk to the principal, school nurse, or add a 504 plan about an extra break. And think about what they're going to get at that eating break. Try to get a little protein, a little bit of energy in there. And a lot of our teens go from early morning where they may or may not even eat much breakfast, all the way till maybe a lunchtime 12, 1. So, they may have a 6- or 7-hour streak. That's too long. They need a little something at about three hours. They may be able to just inconspicuously have a protein bar from their backpack in between classes and you don't even need an accommodation, or you might need accommodation.

Physical activity, normally our teens are really good at this. They're better than us in the physical activity space. Who are we kidding. So you probably have regular physical activity. They're probably not

going to want to exercise or move during an attack, rightfully so. Follow their lead on that. I'm guessing that schools and coaches and P.E. teachers are going to already understand that. But if not, get that 504 plan going. You can always get a note for any of these things from your pediatrician or any other health care professional involved. Think about accommodations. They are there for you.

Get creative. There're some wonderful podcasts online, some wonderful information coming from different organizations about accommodations that may be helpful in helping our students with migraines succeed at school. Think about supporting their peers and social life as much as you're supporting their academics. What can you do as their cool grown-up to have some friends over. Make it fun. Take their friends somewhere they want to go. Try to keep that part of their life as active and comfortable as they want it to be. Make sure they're getting the best treatments. Check in with their health care professional regularly. And a pediatrician may manage their migraine or may want to refer them on.

And then finally, let's remember those mental health concerns that depression, anxiety symptomatology do travel with migraine. They share some of the same neurotransmitters, but that doesn't mean we're at their mercy. There are plenty of things to do on a regular basis at home to keep anxiety down and keep mood up. And if it ever seems like a problem, please reach out for professional help right away. Don't be embarrassed to over anticipate. You can't go too far on this. But there is help out there. So that was a lot of advice. Lindsay, you've lived being a teen with migraine as well as you are a parent of a child with migraine, what else do you have that I missed?

Lindsay Weitzel, PhD:

I think that was very great. I loved everything you said. I'm sure that the parents out there really there was something for everyone. But I think one of the main things that gets lost that I make sure to do for my child with migraine, I put a lot of effort into being the house the kids want to hang out at because he misses so much school, so much activities. And I do think that the social part is, in his case, the most difficult part. We can catch up on the schoolwork, we can do this and that, but the friends. He misses his friends. He's an extrovert. And I think it might even be even harder if you have an introvert, because that child might not go out and that one might be the ones that will self-isolate more.

So, I make a big point of having all the fun stuff that the kids want to do here, and that they want to come be here on the weekends or after school. And I find that personally to be quite important and something that we probably don't talk about enough. So that would be the thing that I would throw out.

Dawn Buse, PhD:

I love that. Be the grown-up with the yummy snacks and the fun to hang out space, or be the one who takes your friends, takes a friend with your teen to do something special, and kind of celebrate and support that aspect of their life as well. Which psychologists will say is the work of the adolescent is learning to create strong, healthy social bonds. It's their job. So, we've got to help them do it.

Lindsay Weitzel, PhD:

Well, thank you so much for being here for this great topic that I don't think we discuss enough this time of life, this teenage adolescent time of life is tough enough. And if you are dealing with migraine,

especially if you're chronic, you're in a lot of pain. That is a whole extra monster. So be gentle with yourself.

Whether you're a parent of a child or whether you are the adolescent or the teen yourself. Be gentle with yourself and thank you for listening. And thank you, Dr. Buse, for being with us here today. And please join us again on the next episode of HeadWise.