

Episode 200: Top 3 Things Women Should Know About Migraine

Lindsay Weitzel, PhD:

Hello everyone, 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 today because I'm here with Dr. Dawn Buse. Hello Dr. Buse. How are you?

Dawn Buse, PhD:

Hi Lindsay. And hi to everyone joining us today.

Lindsay Weitzel, PhD:

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's very well known, very well respected in our community, and I get excited every time I have a chance to record with her.

So this is a special day. This is our 200th episode HeadWise. Silent migraine clap everyone! Yay! So as our 200th episode, I thought about it for a long time and I decided that to celebrate, I would ask Dr. Buse to come on, and I would ask her to please tell us what she thinks are her top three most important things that she wishes all women with migraine knew. So that is it, quite a task.

As someone who has worked so long in the migraine field, there's so much advice on the internet, even from different types of professionals. And she has worked in this field of headache psychology for 23 years. And she's so popular with our group, I knew we would all want to know what she had to say. So she thought for a long time and she has come up with three things.

So, Dr Buse, why don't you tell us what those three things are, and then we'll go into more depth.

Dawn Buse, PhD:

Thanks, Lindsay. This was a tough one because there is a lot of great information out there. And so I encourage everyone to listen to all of your podcasts so that they hear all of the information. But let's go big three.

Let's start with number one. It's not your fault. Number two, you got to talk to a doctor about migraine. Number three, I'm going to call this ATP, always think prevention. I would definitely rather avoid an attack than have it, prevention in all of its glorious forms. So those are my big three. And I know we'll dive into each one a little bit.

Lindsay Weitzel, PhD:

Well let's start with the first one. I love it because there is just something, especially if you've had migraine a long time and it comes up often, it's frequent, if you're chronic. There is something about that feeling that there's something wrong with you and everything is your fault sneaks into your brain. So tell us about that one.

Dawn Buse, PhD:

Absolutely, absolutely. We know scientifically, unequivocally, you and I know, our listeners know, the World Health Organization knows, and your doctor knows, that migraine is not your fault. We can give a little bit of blame to your parents, but we're happy they had you. You've got a genetic predisposition for a neurologic disease. That's migraine.

Migraines have been around since the dawn of human history. It's recorded in Egyptian hieroglyphs. In fact, migraineurs not only have not kind of been evolved down the species, they're here to stay. So having a hypersensitive nervous system actually may have been your survival technique at some point in human history. Maybe when other people were out with the saber tooth tiger, the person with migraine was wisely in their dark, quiet cave, avoiding the danger.

Migraine is not your fault. Why do I want you to know this? You've got to remember this because people with migraine carry a lot of guilt, a lot of self-stigma, a lot of shame, embarrassment, anger, rightfully so. But they really worry about the impact that migraine has on those around them. They worry about not being there for their kids as much as they want to be. They worry about the impact it has on their marriage. They worry about affecting their coworkers, their performance at work, and they take it on as if it's their fault. They may think that others perceive them as being lazy or using migraine to get out of something.

Those are two types of stigma that we found were highly prevalent in the OVERCOME study, a study of 59,000 people of migraine within the US. And in fact, in terms of worry between attacks, which we call interictal burden, your amount of self stigma, those two things thinking that migraine was your fault, and that people didn't understand how debilitating it can be, was more correlated with interictal anxiety than monthly headache days were.

So now we really need one to switch the mindset. Believe all of us who spend our days in the migraine science world that it's well-established it's not your fault. But of course there are things we can do about it. Second thing I really want to say about that is please seek accommodations to do your best at work, school, and ask for and accept help. Those around you want to help. You will actually be doing them a favor by letting them help you. The next time someone offers to help, have an idea in mind. Yes, next time I have a migraine attack, it would be amazing if you wanted to have my child over for a playdate or bring them home from school. Ask for and accept help. So number one, it's not your fault. Let's know that this is a genetic, neurologic disease. And let's start to make accommodations and move around it. Do not feel guilty because of it.

Lindsay Weitzel, PhD:

And if you have trouble remembering that which we all do when we're in the of a migraine attack, you can replay what Dawn just said for yourself as a pep talk. I would recommend that. I have done that before.

Dawn Buse, PhD:

During a migraine attack, maybe you listen to one of my relaxation exercises. Maybe listen to this one when you're not in pain.

Lindsay Weitzel, PhD:

That's a great idea. All right, so Dr. Buse let's move on to number two. What is the number two thing that you really want all of us to know about migraine?

Dawn Buse, PhD:

Okay. Got to talk to your doctor. Two reasons why. All of our migraine specific therapies are by prescription in both the acute, that's therapy you take at the time of attack, as well as prevention space, those are prescription therapies. Our neuromodulation often comes from a prescription from a health care professional. Lots of great advice comes from health care professionals. You need to be diagnosed.

Now I'm going to give you a little sneak peek behind the curtain, what actually happens in a primary care visit. A primary care provider has a list of required questions and diseases they need to check in on that is required by the Centers for Medicare and Medicaid Services and their institutions require them to ask.

They have a very short time visit and a bunch of things they have to do. Migraine is not on that list—yet. All of us migraine advocates are going to work on that, but it's not on that list yet. So it's very likely that someone may see their primary care professional for an annual visit, they may see their ObGyn, they may see another type of health care professional, and migraine doesn't come up. Or severe headache doesn't come up because that person runs out of time because they're doing things that is required for them to check on.

And so the onus is really on the individual. Bring up your headaches at the visit. There's a very likely chance that health care professional might say, let's talk about it, we need to make another visit, because they may have maxed out their time for that annual visit and they want to have a dedicated appointment for migraine. But we know from multiple studies, including the AMPP study, that OVERCOME study, that only about half of people who meet criteria for migraine talk to a health care professional about it.

So of course, at the big organizational level, we are working to educate health care professionals. The NHF, the American Headache Society, the International Headache Society, we keep working to educate health care professionals to ask about it. But on this side, I want to remind people living with migraine, be your own advocate. Talk to your doctor about headache. You got to get diagnosed from them to get some of the migraine specific treatments and get your insurance to cover those migraines specific treatments.

In addition, a lot of amazing things have happened in migraine the past couple of years. So not only if you've never talked to your health care professional about this, but if it's been some time since you talked to your health care professional, it's time to bring it up again. You may have been prescribed medication when you were a young adult, or before your pregnancies, or before menopause, or as a teenager, that maybe isn't the best fit for you anymore. Life happens. Life changes happen for women. Sometimes we need to really spruce up that medication regimen or the whole therapeutic recommended regimen, which is medication, non-medication. And a lot of new things have entered our therapeutic space.

So you may have treatment options that you're not even aware of. So if you haven't talked to your health care professional for a while, get back there. That's what we're here for. This is what we want to do. So, got to talk to a doctor. That's number two.

Lindsay Weitzel, PhD:

I love how you put that. And I love how you talked about that, because so many people don't know that the health care providers are required to get through a list of things, especially primary care doctors. And they're not going to ask you maybe about the thing that's really most important to you. And in this case, we're talking about migraine.

And I think that's something to maybe make clear too is, maybe make a special appointment for migraine. If you're really being bothered by head pain and you aren't already under the care of a headache specialist, make a special appointment just for a migraine. That's always something that I think people love to say and to inform people to do.

Dawn Buse, PhD:

And it might be from that one visit, that first professional decides to refer you on to a neurologist or another type of provider who will be able to have more focus time. But you got to get your foot in the door and often that's the right time to do it. Get that diagnosis into your chart, and then you can start opening up and unlocking all of the support, treatments, and options that are out there.

Lindsay Weitzel, PhD:

So number one, migraine is not your fault. It's a genetic neurologic disease. Talk to your doctor, even if you talked to them previously. There's all sorts of new things. And life, your body changes. So that's number two. All right Dr. Buse, hit us with number three.

Dawn Buse, PhD:

Number three. Always think about prevention. We would all rather avoid an attack than have it and treat it. You're not to say always and never, but I think this is almost an always. I think we can all say we'd rather not have an attack at all than have to try to treat it. Now, prevention has a whole range, medication treatments with multiple kind of effective medication treatments, our traditional oral treatments, our injectable toxins, our CGRP targeted monoclonal antibodies, and our gepants. We've got a whole bunch going on there in medication space. We have neuromodulation, which are external stimulators that you hold at various nerves on your head that can be used for prevention.

And then we have some nutraceuticals. Those are vitamins and minerals that the AHS and the AAN have in fact found evidence for their support in prevention. We have behavioral therapies that have evidence for prevention. That's going to be cognitive behavioral therapy, biofeedback, relaxation therapy, the mindfulness-based therapies, the acceptance and commitment therapy. When people ask me, where do I start? I say, any one that sounds most interesting to you that you can find a provider, go for it.

And we have our healthy lifestyle habits. I'm going to say always for the second time in this podcast. Every human can benefit from a short list of healthy lifestyle habits. And I always like to say that list, it's

a short one: regular, restorative, and routine sleep. Keep a routine. Our brain loves routine. Our hypothalamus loves routine. Our hypothalamus will love you back if you love it with some good routine. Sleep. Staying hydrated. Eating healthy, low inflammatory diet. Getting some exercise or movement. It can be walking after dinner for ten minutes. Tell your spouse that Dr. Buse and Dr. Weitzel wrote you a prescription that you have to go take a walk. Your spouse has to do the dishes. Go for it. You will endorse that. Yes. As well as managing stress, we cannot control what happens to us, but we can try to work on our reactions to it and how much it gets to us.

So number three, always think prevention in all of its glorious forms. Officially, there are guidelines from the American Headache Society that say if you have four headache days per month with some disability, two with severe disability, six with no disability, that you are eligible candidate for pharmaceutical prevention medication. The European Headache Foundation recently went down to two days per month.

The National Headache Foundation also has guidelines completely in alignment. So globally or in alignment that we don't need to wait for 15 days. One day a week, one day every other week. Yes. Fifteen, who are we kidding. Once a week. Once every other week. Let's really start thinking about prevention.

Lindsay Weitzel, PhD:

Let's reiterate the three. What are they again for everyone?

Dawn Buse, PhD:

It's not your fault. Talk to your doctor. Always think about prevention and all of its forms.

Lindsay Weitzel, PhD:

I love that. I think that is a very important message. We say so many things on this podcast and we hear so many things everywhere. And I think to really consolidate and just know these are three things that we all need to know and apply in our lives is just a powerful message. And I'm so glad that we chose to do that today on this special episode of HeadWise. Is there anything else you'd like to add before we go today.

Dawn Buse, PhD:

I want to give a big congratulations and thank you to you Dr. Lindsay Weitzel from the entire migraine community for collaborating with the National Headache Foundation to bring these beautiful, educational, accessible, fun, interesting talks to people living with migraine. I'm going to give you applause.

Lindsay Weitzel, PhD:

Thank you

Dawn Buse, PhD:

Thank you for your great work and advocacy. And thank you to the National Headache Foundation for supporting this podcast.

Lindsay Weitzel, PhD:

Yes, yes, this is so fun. And I love the response we get from people. And always come tell us what you want to hear about and what you think of what we do, what we say. We love to hear from everyone. So thank you everyone for 200 episodes worth of listening to us. And we want to hear from you. So thank you again and thank you Dr. Buse.

On that note, everyone, please join us again on our next episode of HeadWise. Thank you so much. Bye bye.