

Why Do I Get Migraine and Headache Attacks? | Taking Charge of Headache™

Diego Colón:

Welcome, welcome, welcome to the first The Flagship, the inaugural episode of Taking Charge of Headache webinar series that we're hoping to do multiple of this year. With all your support. My name again, for those of you who are just joining is Diego Colón. I'm with the National Headache Foundation. Sound off in the chat. Say hi. Hello. We're here for the engagement, and we're excited to have you here.

We're going to get started with our first episode. Is everybody ready? I can't hear you. And that's not me just trying to hype you up. That's me literally saying I can't hear you. So, I hope you're not yelling in your place of business. All right. I'm going to get started by introducing Melissa Farmer-Hill SHERO, coffee club superstar.

Melissa, please start us off.

Melissa Farmer-Hill:

Hello, everyone. Hello. Hello and welcome to this webinar series. I want to say I'm so excited that you guys are here today. And I just want to thank you for taking out time to participate, you know, in this series today specifically for you women veterans. Yes, yes, yes, yes. We know that as women veterans, we definitely face some unique challenges.

And so, when it comes to health care, we need to be informed. We need to stay informed. And don't just use one source. Use more than one source. And it's so important that we have those spaces as well where we can talk about our health and share different experiences. So, this series is a partnership between SHERO Coffee Club and shout out to all my ambassadors who are here today and Operation Brainstorm.

Now, as some of you know, SHERO Coffee Club doesn't just, you know, we don't just make great coffee. We also have a tea coming too, for you. And our mission is to continue to empower women veterans. Operation brainstorm is a program within the National Headache Foundation to support the military community members living with headache and migraine.

I have my personal journey with that, with that as well. Today we're going to focus on just the basics of headache and migraine. Now, this is an issue that many of us experienced, but we often don't talk about. I was suffering in silence until I found out through my VA and the National Headache Foundation. So, we believe that we can change that through this series, and we're here to empower you with definitely knowledge and information that you need to make sure that our voices are heard.

So, we're just going to dive right on in. Thank you again. Happy Women's History Month and I'll go ahead and pass it on to Diego.

Diego Colón:

Yes, yes. Thank you. Thank you so much, Melissa. So happy and welcome again to everyone joining us. I'm Diego, and I'll be guiding you through today's session. Our goal today is to provide you with the basic understanding of headache, what they are, why they happen, and how they can impact your life. We know that for many of us, regular headache attack can be significant burden.

Today's session is designed to help you understand more about that. And we have some amazing speakers. I want to start by introducing our very first speaker. US Navy veteran Cheryl McJoy. Cheryl knows firsthand the debilitating impact of migraine attacks, having experienced them since suffering a head injury from a fall off the wing of an aircraft. Through years of persistence and self-advocacy.

She has navigated the challenges of misdiagnosis, treatment roadblocks and the often-overlooked complexities of migraine management. Now, she is committed to educating others on the science behind migraine, identifying triggers, and advocating for better care. In this webinar, Cheryl will share valuable insights to empower you to take control of your migraine journey and knowledge and confidence. All right, give it up for Cheryl everybody.

Cheryl McJoy:

Hey, everybody. Hi. So, I am Cheryl McJoy. I am from Lake Village, Arkansas. Highlight of our day is not getting stuck behind a tractor and we got to stop lines. It's a rumor we're getting three. Just want to quickly kind of talk about some of my experiences. I was in the military in Okinawa, Japan, in 1996. We were working on aircraft.

I don't really have any memories of that day that week a lot of my memories are gone. So just for people filling in the gaps. Fell from the wing of the aircraft between 10 and 16ft. Fell on the back of my head, lost consciousness. But not only did I lose consciousness, but I lost some of the best parts of my life.

Like I lost the who I was at that moment. My life dramatically changed from that moment, and it was a fight that I was not prepared for. I spent years on the floor in the bathroom just praying and crying often, just not getting any help. And literally doctors pat me on my head, pat me on my back. And, you know, it's a female problem where it was all in my head.

But I knew that something was wrong. I knew what was going on with me wasn't right. It was like I was in a toxic relationship, like that boyfriend that you don't want that. Just keep showing up, right? So, over the years, I started to advocate for myself, to learn as much as I could about myself and to be a fighter for me because I deserved it right.

I deserved to have a quality of life that was about peace, love, joy and happiness, and most importantly, about finding myself again because migraine was literally taking over my life. I

would lose weeks of my life at a time, from the pain, from the throwing up, from the just not being around people, the light, the sensitivity, the smells, the sound.

Cheryl McJoy:

And each migraine was different. So, when I say it was a journey, it was definitely a journey. Name a medicine. I probably have tried it didn't like any of them. My body doesn't like medicine. It doesn't like anything. So that was probably another one of the issues, because when you go to the doctors, they have their little protocols and they give you what they think should work, and when it doesn't work, then, you know, they just kind of leave you to be.

But I will say eventually. So maybe about 20, about 27 years, which is crazy, right? 27 years to finally get some relief where I feel like it's manageable. I have a neuromodulator device that I use, gammaCore. There are several of these kinds. And through some of our webinars we'll talk more about some of these, some of the neuromodulators and what they do.

But it kind of gave me my life back. Yeah. Right. The fact that, like I said, my migraine was like a toxic boyfriend. They show up when you don't want them to. But what I just want to quickly talk about is you are not alone, right, in this journey. Because I know sometimes, especially when we're at our worst and we feel in our worst, we feel like we're by ourselves.

So. And you feel like no one understands you, like no one feels, or they get you and you're tired because it's a fight. It's a battle. But I just want to remind you that you are not alone, that there are so many resources that are out there for you. And today we'll talk about some of those resources. And on the website, there are additional resources for you as well.

So, stay connected to us so you can learn more about what's out there available so you can get your life back right and get control of migraine. And I will turn it back over to Diego.

Diego Colón:

Yes. Thank you so much, Sheryl, for your powerful and amazing story. I always love talking to you. Thank you for collaborating with us on this project. I know many of the people in this chat, in this, on this zoom can relate to that experience. We believe that sharing stories like Cheryl's is one of the most powerful ways to connect, to inspire and bring hope to others facing similar battles.

And if you're interested, I'm talking to you. Chat. If you're interested in sharing your story, please let us know. We are actively trying to uplift veteran experiences so that we can encourage fellow veterans to seek help, raise awareness about the challenges veterans face, and empower others just like Cheryl, to share their experiences. And as a thank you, if we publish your story again, I'm talking to you out there.

We'll send you, migraine relief kit to support your journey. It's like a little bag with a bunch of really wonderful, sort of like immediate migraine care things. Cold press, sunglasses, earplugs.

Very helpful. And we would love that. And can I contact you on your website. Yeah, that is a great question that smoothly transitions into me being able to say, yes, we will definitely reach out to all of you and give you the opportunity to tell your story.

And after this, I'm so excited. Next up, Doctor Karen Williams, DNP, FNP-BC brings over 40 years of experience in the health care field with extensive expertise in using an integrative approach to headache and pain management. She retired in 2023 as Deputy Director of the Central Virginia VA Headache Center of Excellence, having led veteran focused programs in Texas and Germany.

A recognized expert in integrative medicine and acupuncture, she co-chaired the National Headache Center of Excellence Education Committee and contributed to the 2023 VA DoD Headache Guidelines. With 20 plus years of public speaking experience, she continues to mentor healthcare professionals in headache and pain management. Everybody in the chat give it up for Doctor Karen Williams.

Karen Williams DNP, FNP-BC:

Oh Diego, you are absolutely awesome. I don't know, this is a really hard act to follow between you three. You just have so much energy. But I first of all, I want to say thank you so much for joining and thank you to veterans for all of your, time and effort in helping our country. We owe a debt of gratitude to you.

So, I just want to thank you for that. And let's go ahead and start with what we're talking about as far as headache. So, there are many, many different types of headache. Right. And you may have more than one type just letting you know that. But today what we're really going to talk about in a little more detail is migraine.

Because migraine is one of the most common headache types that that we can see that also have a very high disability. They are very complex neurological disease. So, it's much more than just the headache. There's a lot of different changes that can occur in your body from having some cognitive issues or having like brain fog, visual issues, maybe some sensory issues like numbness down your, or imbalance, all of those different things, just not being able to do what you usually do.

And it can go on for days. So, it's extremely important to be able to recognize, get a proper diagnosis in order to then start the most appropriate treatments for you. Now, migraine, I'm going to go over show you just what types of primary headache are. But migraine can run in families. They are a type of primary headache, so it's not something you do in particular that causes it.

It's something that can be genetically linked to you and your family may have called it something else. And so, you're not sure. But if you have the same sort of symptoms as them, then that's probably what they have as well is migraine. Now, unfortunately, we don't have a

cure for this yet, but we have many new options. When I started in neurology 25 years ago, we just had a few options. We didn't understand everything about it. We still don't understand everything, but there is such a number of different options we have for treating that. So, it's not just a pill. And again, I want to echo what Cheryl said. You are not alone. There are many who have this condition, and we're working to try and get everybody the care they need.

Karen Williams DNP, FNP-BC:

So, some of these may speak to you more than others. These are just some of the most common thoughts, especially women with migraine, because we tend to be the ones to just kind of fight on and get through it and, and just know I've got family things I need to do or work things or school or whatever.

Just looking at these different words. There may be some that speak to you more than others as far as what's going on in your head. And we all know women. We tend to have multiple conversations going on in our head. We don't have that ability to kind of shut it off sometimes, like our male counterparts do, but know that these are common thoughts.

And this is something that hopefully we can give you a little bit of relief in. All right, so as I had mentioned there are primary headache types and they're secondary headache types. And not to go into far down into it. Know that the three most common types of primary headache types are what you see on the screen. Tension-type headache, we don't usually see a person coming in with a tension-type headache, because that's usually something you can kind of take care of at home.

Migraine, definitely. When we teach other providers, we say if the patient's coming in complaining of headache, it's most likely migraine, but it could also be a cluster headache. I'm going to get into just a little bit about that, but more about the migraine in just as far as some of those symptoms.

So, there are two different screeners that are really helpful for you to use before you even see your provider. So, on the left there you see the ID migraine. And these are three questions that they found to have a very high probability. If you answered yes to 2 or 3 of these, then there was a very high probability that migraine was one of the types of headache or the headache type that you had.

So, if you go through those, does light bother you now? Another word for light bothering you is photophobia and then has a headache limited your activities for a day or giving. So, another word for that is impairment. You're not able to do what you need to do. And there's a reason I'm bringing those different words up.

And then are you nauseated or sick to your stomach when you have the headache? So, if you think of pin, photophobia, impairment and nausea, if you have 2 or 3 of those, then there's a great possibility that you have migraine. And this is something you can bring to your provider

and say, hey, you know, I've been learning about this a little bit, and I think this is something that I have.

Karen Williams DNP, FNP-BC:

The other one on the left side here is I'm sorry. On the right side is one more for cluster headache. And while we're not going to get into detail into that cluster headache is a very severe type of headache that usually hits you more at night. AND this test was confirmed in two 2021. As far as being a very valid test and screening tool.

So, something else to consider. Now I'm going to talk about those secondary headache types, because what Cheryl had was a post-traumatic headache. Right. She fell off of that airplane wing and cracked the helmet that she had on to the back of her head. I saw this all the time taking care of active duty and veterans. How we treat a post-traumatic headache is much like we would treat migraine or tension headache or a combination.

So, we don't have an exact treatment. It depends on what symptoms you're having. And so often it looks migraine like. So, we're going to treat it like a migraine. We may also use different treatments such as Botox or botulinum toxin injections to the back of the head. We may also use those neuromodulation devices like Cheryl was showing you.

And there's many there's at least five different ones out there now or medication. So just know that even if your headache started after that traumatic event, there are treatments with that. The other one I want to talk about is medication overuse headache, because that is something that can happen if you're taking your over-the-counter medication or any medication too often to stop the headache pain.

And usually that general rule is if you're taking it more than 2 to 3 times a week, over 2-to-3-month period, then what happens is you end up with a second type of headache. So, the first headache never completely goes away anymore. And then you have this overlay of yet another headache on top of that. Another important reason why getting that diagnosis and getting the appropriate acute treatment so that we don't have that medication overuse and have to work with treating more than one type of headache.

And again, if you have specific questions on these, we will be happy to do other webinars that go into a little more detail on how we would treat those as well. So, there are common other issues that we see with migraine in particular. And as you see on the screen here, being overweight can be one of those also pain disorders.

So, neck pain or back pain. The other one I want to add into there is fibromyalgia. Fibromyalgia also is very common with migraine folks as well from a mental health disorder. Definitely anxiety. And what we see more in the veteran population is the PTSD or the MDD is the depression. So that can definitely play into it. And getting treatment for both of those can actually help reduce the migraine load.

Definitely sleep wake disorders. I want to bring up a point. This Sunday is our change of the clocks, right? For most of us, unless you're in one of those states, which doesn't change. And the migraine brain thrives on routine and consistency. And so, people with a migraine have a hypersensitive nervous system, making them more sensitive to changes, even smaller ones.

Karen Williams DNP, FNP-BC:

So, one of the things if your clocks are going ahead, that one of the things you can do is go to bed 15 minutes early in 15-minute increments over a four-day period. So, after that fourth day, you going to bed an hour early, but then you're also getting up in those 15-minute increments to get back up an hour early so that by the time Sunday comes, you're able to tolerate that change in the sleep wake cycle.

Just something to consider. I know it's a little late in the game because this is Friday, but I just wanted to add that in there. Also, substance related addictive disorders can be in there. And as you see additionally, there's other chronic conditions such as diabetes and asthma that can be in there as well. So, on the more on the left side, there are more of the symptoms that we see.

And then there's some that are contributing factors and there's some that are both. So, you see the asterisk for contributing factors. And then the little plus for both. And these are the typical symptoms that we see with headache. You may have facial tenderness scalp tenderness. Maybe that when you get that migraine you have to take the ponytail out or you have to take the headband off, or you can't wear a hat.

I've had some patients that even the gust of the wind on their head was too uncomfortable for them. Again, you may have that brain fog, and that may extend the whole time of the migraine itself. As far as the body is concerned, in women, especially hormone changes that change in the estrogen level during ovulation.

And then during the actual menstrual cycle itself. The hormone changes do give us a higher rate of migraine attacks when those estrogen levels drop. The good news is, when you go through menopause, that part of it seems to stay steady and you have less migraine attacks. You might still have some of the other symptoms, but not as often. And I also want to point out food cravings.

So, in the past we used to think that was a trigger or contributing factor that made it worse. But we actually now know that sometimes food cravings are a warning sign that a migraine is coming. It's actually your body's already had some of that sensitivity. So, you may crave something that you don't usually crave. And that's a good sign for you that, hey, I need to be prepared.

Vision wise. About a third of people with migraine get vision changes as far as the aura, the visual aura where you get the shimmering lights or you get the zigzag lines and you may not get that every time, but you may get that on some of those migraine attacks. And that usually

starts just before the headache. It can last anywhere from 5 minutes to 60 minutes, but it should return back to normal.

Karen Williams DNP, FNP-BC:

From a sensory standpoint, light sensitivity definitely that photophobia during that migraine. Weather changes seem to be worse in the spring, in the fall. And that's with that barometric change, that's a contributing factor. Loud sounds and certain smells certainly can be both. Definitely loud sounds can be part of the migraine itself, but it definitely is more impairing to you and certain smells.

So sometimes it places of employment or education or places that you may go to. You may want to avoid strong perfumes or strong flowers, smells or candles, maybe tobacco smell. Those types of things. Those definitely can be contributing factors. And then difficulty reading or speaking definitely can have some word find issues. Those types of things that can make it harder to do what you need to do, especially if you're doing public speaking.

And I'm speaking from experience, I have migraine, and there are once in a while I'm like, what are those words? Some of that may be age related to, but from sleep, mood and activity you can see that stress and tension. And again, we all have this can definitely be that contributing factor. We also have life factors and transitions.

Whether you're getting out of the military, you're starting a new job or you're retiring, or you have family changes, those types of things. So, these are all things to consider as we're looking at what can we change and what are some things that we can't change.

So, this is a model of what we feel happens with a headache. So, we all anybody who has migraine has somewhat of a threshold in a jar. If you imagine a jar and that threshold can be really low. So, we already know our brains are a little more sensitive. And as you see here, as you start piling those different other symptoms in there or the other factors in there, it can get to the point where it overflows, and you have that headache.

The job here is to figure out what are those contributing factors for you. And pulling as many of those out as you can in order to be able to keep that threshold low. And there's times when you can't. There are things that run in that you run into that are beyond your ability to control. But this is looking not only at your own life, but having others help you with that, whether that be mental health or your primary care provider.

Somebody you can talk to about the headache in order to identify the areas that can be changed. So, in a few words, just know that you are worth it, and you do need an accurate diagnosis. Otherwise, we're just throwing darts in the dark and you are worthy of that reduction in frequency and in duration and severity of your symptoms.

And there is help out there. Just a few successful tips for you. One of the things that I think is most important for you is to have a dedicated appointment specifically for your headache, and

we know providers today are given less and less time. And if you go in with multiple different questions or different areas you need to have discuss, it's really hard to have a dedicated time to talk about the headache because this takes time.

Karen Williams DNP, FNP-BC:

This is something that the provider needs to kind of unravel, help unravel that. It's like peeling an onion. You really have to unwrap those layers if you can bring your headache story with you. And that means when did they start? What are the current symptoms? Describing it as best you can. All of those symptoms. And what are your current treatments and then those past treatments, what works, what doesn't work and why?

And know that you may have to repeat this. And so having it written down is really helpful. So, you don't have to continue to try and remember it all because it can change with time. Oh, I can't remember the name of those medications or those treatments I did, or when I tried those types of stuff. And becoming your own advocate is really important, as we saw with both Cheryl and Melissa, as far as saying, hey, this is me, I need to find out what works for me.

The other part of that that's really helpful is to have a headache calendar. It may take a few months to do that, but that is something that's really helpful and document the days that are headache free because as I stated before, you may have more than one type of headache. So, it's important to look at all of those days to figure out, well, what's going on, those types of things.

So, it can be a little bit intense, but is well worth it, especially if you think there's a menstrual component to your headache because there's treatment specifically for that. And just a couple of other things learning about treatment options. There are so many treatment options now, both pharmacologic and non-pharmacologic options. And it all does not have to be one way or the other.

A lot of that depends on where you are in your life cycle where you are in in life itself, what makes sense for you and what works for you and doesn't work for you. The other part I cannot emphasize this enough is keeping communication open with your provider or whoever you are working with. Send them a message. If the treatment that they gave you last week is not working or you're not tolerating it, I can tell you from experience, having a patient come in after two months saying, hey, that that medicine you gave me the first week, I didn't like it.

I stopped using it. So now we're starting over, and we've wasted all of that time that we could have had looking at, well, how do we modify that? Or is there something else we can do? So, keeping that communication line is so, so important. And last but not least, there is always that stigma in military command that you can't say anything.

But you may want to consider a second opinion if the diagnosis and treatment are not working for you and that you can work forward with that. And with that, I'm going to turn that back over to Diego.

Diego Colón:

Hello. Hello. Yes, thank you, Karen, for that informative presentation. Now we're going to do a smooth transition into breakout sessions. For the remainder of the webinar. We will be turning off the recording to ensure space we're community and fellowship can engage in conversation with privacy. We appreciate your participation and encourage you to open, open discussion.

Melissa Farmer-Hill:

So, I would just want to thank everyone really for participating today. We've got speakers, we had breakout leaders and everyone that participated here. You are veteran women. Check out my shirt. Yeah, I just want to say thank you for sharing this time with us. We are definitely very grateful that we had this conversation, and we hope that you learned something out of it.

I know I definitely got something out of it. I got a lot of things out of it. But what I want to let you know is if you know someone that's dealing with headache, this is a series. Let this not be the last time you show up. I want you to invite other veterans to join us next time.

So, we'll be back again to share. Share in another session. And I want you to definitely follow the National Headache Foundation. And I want you to definitely follow the SHERO Coffee Club. So, so follow us on our socials so you can definitely learn more. And before we wrap this up, I want to make sure that you don't forget that we are offering that code.

That code OPB 2025 to get a discount for participating today. And lastly, yeah, make sure you share your headache stories with the National Headache Foundation. That's really important. You know, we have this space. We're coming together. Let's continue to promote our experiences because you get more information to spread it all over. So, you guys, I want you to make sure you feel comfortable in sharing your stories because this is the place if you're going to do that, this is the place to do it.

Let's just continue to raise awareness on this. All right. So, thank you again for coming and I will see you next time and continue to watch for the next session. And don't forget, bring someone next time.