What Is Migraine?

Migraine causes severe headache pain and is associated with other characteristic symptoms.

Migraine is often characterized by throbbing pain in one area of the head lasting 4 to 72 hours and is associated with symptoms such as sensitivity to light or sound, nausea, and vomiting. Some individuals experience visual disturbances (auras) that may present as zigzag lines or flashing lights either before or during a migraine.

Migraine affects an estimated more than 10% of people worldwide, occurs most often among people aged 20 to 50 years, and is about 3 times more common in women than in men. In a large US survey, 17.1% of women and 5.6% of men reported having migraine symptoms.

What Are Episodic and Chronic Migraine?
Episodic migraine is defined as having a migraine on fewer than 15 days per month. Migraine that occurs on more than 15 days per month for 3 or more consecutive months is considered chronic migraine. Progression from episodic to chronic migraine can occur and has been associated with overuse of certain medications (such as opioids, barbiturates, nonsteroidal anti-inflammatory drugs [NSAIDs], and triptans) and excessive consumption of caffeine. Other conditions associated with chronic migraine include obesity, obstructive sleep apnea, depression, and anxiety.

Medications to Treat Acute Migraine
Acute migraine can be treated with medications such as acetaminophen or NSAIDs (such as naproxen). Acute migraine that is unresponsive to these medications or migraine of moderate to severe intensity may be treated with a class of medications known as triptans, which are available as drugs that may be taken by mouth, administered as a nasal spray, or injected into the skin. Triptans cause blood vessel constriction and should be avoided by people with a history of stroke, peripheral artery disease, or coronary artery disease or with multiple risk factors for cardiovascular disease. Other, newer classes of migraine medications include gepants and ditans, which are expensive and are typically reserved for people who cannot take triptans or whose migraine does not improve with 2 or more triptan medications.

Medications to Prevent Migraine
Preventive medication is prescribed for frequent or debilitating migraine headaches. Common oral medications used to prevent migraine include certain blood pressure–lowering medications (such as beta-blockers and angiotensin receptor blockers), antiseizure medications (such as valproic acid), and antidepressants (such as serotonin-norepinephrine reuptake inhibitors and tricyclic antidepressants). Newer and more expensive medications include antagonists and antibodies to calcitonin gene-related peptide or its receptor, which may be useful if more established treatments are not effective.

Devices Used to Treat or Prevent Migraine
Several devices that apply magnetic stimulation or electrical current to the head or body have received US Food and Drug Administration clearance for migraine. These devices are associated with improvements in freedom from pain caused by acute migraine and a reduction of up to 2 migraine days per month in clinical trials.

Behavioral Therapies for Migraine Prevention
Behavioral therapy (mindfulness, biofeedback, and cognitive behavior therapy) may be combined with medications to prevent migraine. In one study, behavior therapy combined with preventive drugs reduced the number of migraines per month compared with the use of medication or behavioral therapy alone.

FOR MORE INFORMATION
National Institute of Neurological Disorders and Stroke
www.ninds.nih.gov/Disorders/All-Disorders/Migraine-Information-Page

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