

# MIGRAINE

## THE MIGRAINE ASSOCIATION OF CANADA: LIVING WITH MIGRAINE: INFORMATION SERIES Warning Signs & Trigger Mechanisms

### Warning Signs:

All symptoms should be checked out by a physician – however, many people experience symptoms that are of concern, not realizing that they could be part of migraine. In addition to some of migraine's more easily recognized symptoms such as pain, nausea, sensitivity to light or sound, many people experience more subtle symptoms with their attacks. These may be experienced prior to as well as during an attack, and can include:

- Dizziness
- General discomfort in the stomach and/or abdominal area
- Depression, irritability, tension and/or other alteration in mood and outlook, sometimes with a feeling of detachment, inability to concentrate
- Feelings of extreme well-being with uncommon energy, vigour, and a feeling of excitement preceding the attack
- Yawning
- Unusual hunger: desire for snacks, especially sweets
- Talking – there may be over-talkativeness or difficulties in forming words, in speaking, in recalling words, incidents, etc.
- Pain or numbness in neck and shoulder areas
- Trembling
- Patches or blotchy areas on skin – what looks like a rash
- Unusual paleness or pallor (especially true with children)
- Increase in weight – perhaps along with swelling in

fingers and hands, waist, breasts, ankles, or legs, or an increase in frequency and volume of urination.

These are the warning signs and symptoms that are most frequently noted by physicians and those who suffer from migraine, and are sometimes called symptoms of the “prodrome”. Individuals have suggested others which are peculiar to them. As with the more easily recognized symptoms of migraine, not everyone experiences all of these symptoms. When you are discussing your migraine with your physician it may help if you are to write down and present the list of those (if any) which refer specifically to you.

### Trigger Mechanisms:

Some people will have more than one “trigger” which may bring on a migraine attack. Others will find that it takes a combination of triggers to bring on an attack. The response to a trigger can be delayed as long as 48 hours. Always look back in time when attempting to isolate yours. It is unlikely that anyone will have all or even most on the list. Only *you* can determine what *your* individual triggers are. Some may be obvious, others not quite so apparent. When you have a migraine, it is advisable to look back to the 24-48 hours prior to the attack – try to isolate factors – and see if a pattern can be discerned.

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## THE FIVE COMMON TRIGGERS ARE:

DIETARY

HORMONAL

STRESS

WEATHER

CHANGES TO MEAL TIMES OR SLEEP  
PATTERNS

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### Dietary

Here is a list of the foods most commonly cited as precipitants.

Chocolate in any form – candy, sauces, cakes, etc.

Citrus fruits – oranges, lemons, limes, grapefruit.

Alcoholic drinks – especially red wine, beer and “colored” alcohol, i.e. dark rum, rye, brandy, sherry, port, scotch, etc. (Some people when migraine free can tolerate white win, gin and vodka – only trial and error will determine this.)

Aspartame – or Nutrasweet – in many varieties of diet pop, sugar free gum and candies – check labels!

Nuts – including peanuts, although they are technically a vegetable, and avocados, although they are thought of as a fruit.

Aged cheese – especially cheddar.

Some vegetables – onions, tomatoes and mushrooms most commonly, also beans, both fresh and dried.

Home-made breads.

Food Additives – nitrites (preservatives found in cold meats, especially hot dogs)

Monosodium glutamate or MSG (found in many packaged, canned and fast foods.) The following may be alternate names for MSG, or may contain MSG: accent, ajinomoto, Chinese seasoning, flavorings, glutacyl, glutavene, gourmet powder, hydrolyzed plant protein, kombu extract, mei-jing, natural flavorings, RL-50, subu, vetsin, wei-jing, Zest.

### Stress

Anxiety – Worry – Tension – Shock – Anger – unpleasant events.

Joy – Excitement – (yes, stress can also be pleasant!)

Physical Stress – over exertion, lifting heavy objects, bending or stooping.

Withdrawal from Stress – The “come down” period after a stressful event or week (as in “weekend migraine”).)

### Weather

Change in climate.

Changes in Barometric Pressure – most people seem comfortable at a point near 101.6 kPa. Fluctuations in either direct, particularly if the change is rapid, seem to set off migraine. (Some migraine sufferers report their weather migraine develops before the weather office picks up the pressure changes of an approaching storm!)

Wind – many are affected by cold and driving winds. The Chinooks are also culprits.

Sun – especially glare from water, snow, etc. Sunglasses are often a necessity.

Humidity – especially when accompanied by intense heat (this makes the steam from saunas and leaning over boiling pots on the stove a problem for many.)

### Hormonal

Puberty – many migraines begin at this age.

Menstruation – before, during, or after periods.

Menopause – migraines can begin or become intensified then, (particularly while actually going through the change), and for some, migraine may cease entirely.

Pregnancy – some women are completely migraine free during pregnancy, particularly after the first three months. A few women find their attacks occur more frequently.

Post – Pregnancy – following childbirth some experience migraine with the body's changes.

Hormone Replacement Therapy – must be looked at on an individual basis. For some it may increase the number of attacks, for others, it may reduce number or severity of attacks and hormones can actually be used as a treatment for migraine.

Contraceptive (Birth control) Pills – as they can worsen or bring on a migraine, report any worsening of migraine to the doctor if taking “the pill”. A few may actually be helped by the pill.

### **Changes in Meal Times**

Overall, no person with migraine should go longer than five waking hours without eating a small amount in order to stop low blood sugar (hypoglycemia) from triggering an attack. It is often better to divide your daily food intake into small frequent meals than to consume your food in two or three larger meals.

### **Changes to Routine**

Changes in Sleep Patterns – shift work or “sleeping in” (do not sleep in longer than one hour past usual waking time – it may be better to get up in the morning and take a nap in the afternoon).

Travel – time zone changes and jet lag, changes in food, food additives in airplane food and cabin pressure.

### **Other Factors**

Noise – the type of noise seems more important than the volume i.e. high pitched sounds or other sounds which an individual finds offensive.

Light – bright sunlight, artificial lighting, glare, neon lights, strobe lights, rapid movement of light, etc.

Odors – intense, penetrating odors, cigar and cigarette smoke, aromas of strong perfumes.

Allergy – although there is no direct relationship between “allergies” and migraine the two conditions can exist in the same person. Many people report their migraines worsen when their allergies are bothersome.

Operations – anesthesia may provoke an attack, as can the mandatory fasting before a general anesthetic.

High Blood Pressure – if left untreated, even slight elevations may trigger an attack.

Motion – carnival rides, swings, or boat rides may trigger or intensify attacks.

Hair Care – strong smelling chemicals at hairdressers can be troublesome.

Dental – mal-occlusion or “TMJ” (Temporomandibular Joint Dysfunction) can act as a trigger in someone who is sufferer, and can often be corrected by the dentist.

Neck, Skeletal – injury, pain, and other problems in neck and back can worsen migraine.

This list is purposely extensive in order to encourage you to consider all possible triggers. It was compiled from information supplied by migraine sufferers.

If you have not been diagnosed as having migraine, it might help to tick off what applies to you and show it to your physician, as this may be of help in arriving at the diagnosis.

One should not suppose that if head pain is triggered by anything on the list that they definitely have migraine; other factors could be involved. Use this list as guideline – not as a tool for self-diagnosis.

Not all trigger mechanisms are removable (i.e. weather), but by being aware of any “uncomfortable” triggers, you can limit your exposure to controllable ones, and stop combinations of triggers from setting off an attack.

If you can isolate your triggers – and where possible remove them or their influence from your life – you can reduce the intensity and frequency of migraine attacks **FOR AND BY YOURSELF.**

THE MIGRAINE ASSOCIATION OF CANADA: LIVING WITH  
MIGRAINE: INFORMATION SERIES  
Where to Get More Help

While your doctor may be your first stop for more information, you can turn to The Migraine Association for more help when you need it. The association is an excellent source for up-to-date information on migraine. Supporters of the Association are automatically enrolled

as Members, and receive “Headlines”, the Association’s newsletter which updates its readership on the disorder, research, activities, other helpful publications and more. There are also a variety of other materials available to members, including books and video.

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