

Transcript Details

This is a transcript of an educational program accessible on the ReachMD network. Details about the program and additional media formats for the program are accessible by visiting:

<https://reachmd.com/programs/rethinkingmigraine/compassion-for-pain-recognizing-the-invisible-effects-of-migraine/9963/>

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Compassion for Pain: Recognizing the Invisible Effects of Migraine

Announcer:

This is ReachMD. Welcome to this special series, Rethinking Migraine, sponsored by Lilly.

On this episode, titled, *Recognizing the Invisible Effects of Migraine*, we will hear from Dr. Brad Klein, Medical Director at the Abington Headache Center in Willow Grove, PA.

Dr. Klein:

Migraine impacts millions of people in the United States alone, and based on literature available, we also understand that the majority of patients who present to a doctor's office, due to their headaches, will have migraine rather than other headache disorders. And we understand migraine is at least partially the result of inflammation within the brain. So when I explain to a patient what this process is, it's like you bang your arm, it gets red, it gets swollen, it's inflamed, it gets tender. Those same chemicals are going on in one's brain during a migraine. But the problem is a migraine patient has a second ding. There's a neuroinflammatory process as well, whether it be substance P, CGRP, neurokinins, are being released. And then thirdly, the neurons themselves are firing off more regularly than they should. So, you get three dings in this process. Now, the inflammation may be variable, and different parts of the brain may be more impacted than others. This may play a role in the varying

severity experienced by a patient, as well as the different types of auras that approximately one-third of migraine patients experience, including shimmering lights, loss of vision, language challenges, motor dysfunction, or sensory changes. Now, the problem, in addition, with a chronic pain state that patients with migraine have, because they can have migraine experiences over decades of their life, and if they're not empowered to know how to treat this and address this effectively, that can be very debilitating for a number of patients. And yes, some people have mild, but some people have moderate-to-severe headaches, and some people have daily headaches, and we call that chronic migraine when it's 15 days a month or more. So in the setting of chronic migraine, patients can have a 2-times relative risk of depression, anxiety, agoraphobia, but not substance abuse. And the concern is, of course, in this setting, is that if patients have this debilitating headache pain, you can imagine, perhaps, they've vented this and communicated this to their loved ones, their friends, their neighbors, their family members. But at some point they get to a position where they don't want to burden their loved ones, family members, friends, or neighbors with this problem because it is very difficult and trying for a lot of patients and their loved ones around them. In addition, it's very difficult to explain migraine to those who aren't familiar with this, because they don't understand it, because they can't see it. There's no objective testing for this that's available for everyone to utilize. And so consequently, it's hard to prove, shall we say. And so, what happens to these patients? They internalize these symptoms, and in the context of internalizing this frustration and this aggravation with respect to these headaches, it actually can worsen their symptoms, because what ends up happening is the body is not designed to retain this and so the body will release this and vent this, if not verbally, then by worsening of headache, neck and shoulder spasms, jaw pain, and stomach irritation. So by communicating these nuances to a patient, it gives the provider the opportunity to then allow the patient to understand that we are validating that this is a real problem, that this is a real concern, and that the patients have an opportunity through what we can offer them, to empower them and get them to a better place, and get them to better management.

Announcer:

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