



Topic

When Nothing Works:  
Treatment-Resistant Chronic Migraine

Title &  
Organization

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## KEY TAKEAWAYS

- Chronic migraine is defined as 15 or more headache days per month, with at least half of those having migraine features such as light and sound sensitivity, nausea, and/or vomiting.
- It's critical to get an accurate diagnosis, as it determines what options are available for you and shapes your management plan.
- Not everyone with migraine will become chronic. Risk factors for chronic migraine include obesity, asthma, sleep and mood disorders, other chronic pain conditions, or when migraine is being poorly managed.
- Prevention is essential for anyone with migraine; it doesn't need to be medicinal.
- It's very possible to return to episodic migraine from chronic migraine.
- World-class headache clinics will seek to confirm the diagnosis before jumping into treatment. They also address comorbidities and possible barriers to treatment.
- Some medications can strengthen pain networks, which is not what we want. Using medications like triptans can cause medication overuse headache.

## QUOTES

"One of the most exciting things is that more recently there's been a lot of successful research on retraining the brain to be able to break that cycle of central sensitization."

"Patients aren't taking medications because it's a fun thing to do on a Friday night; it's because they're disabled by symptoms, and they are trying to live their life and feel better."

"The common goal the patient and I have is an improvement of function and improvement of quality of life."

## PRACTICAL STEPS

- Ask your doctor for your medical record so you can see your diagnosis and discuss any notes or comments you don't understand.
- Ensure you have a prevention plan. If you have more than four headache days a month, you should be talking to a health care professional about your prevention plan and whether you need to add pharmacologic support to it.
- If you have nausea or vomiting with your migraine attacks, seek out non-oral medications and treatments, which do not pass through the GI system. Neuromodulation devices can be helpful here.
- Don't put up with poor treatment by your doctor if they are not listening, have given up, or don't think you deserve better. Fire your doctor if you have to.
- There are lots of reasons to be hopeful about the future. Understanding migraine and its management is an important step. Working with a health care provider who cares and will not give up on you is also important.

## TREATMENTS CITED

Botox injections	SEEDS ( <b>S</b> leep hygiene,
CGRPs	<b>E</b> xercise regularly,
Cognitive behavioral therapy	<b>E</b> ating healthy and less processed food,
Injectables	<b>D</b> rinking water and avoiding dehydration,
Meditation and mindfulness techniques such as progressive muscle relaxation	and <b>S</b> tress management)
Neuromodulation devices	Topiramate
	Triptans