

Headache Toolbox

Migraine “Chronification”: What *You* Can Do

Each year approximately 3% of people with episodic migraine experience “chronification” of their headache disorder. “Chronic” migraine implies that the migraineur who previously was suffering relatively infrequent headache attacks now is plagued with headache at least 15 days out of the month, with at least 8 (but not necessarily all) of their headaches being migrainous in character.

Chronic migraine is far from rare; as many as 6 to 8 million Americans may be afflicted by this malignant variant of migraine that is particularly inclined to diminish one’s quality of life and is relatively difficult to subdue with the medical therapies currently available. While – *at last* – research involving headache is shifting to address the needs of the chronic migraine population, it remains and, whatever new treatments emerge, is likely to remain a disorder best treated by preventing its development in the first place. Once chronic migraine *has* developed, its successful treatment – with remission back to the episodic form – will require active participation on the part of the patient.

While our knowledge of the biologic factors that promote and sustain migraine “chronification” is far from complete, we have come to identify a number of factors that are associated with the disorder . . . and a few that clearly appear to herald its development. Not surprisingly, a steady increase in headache attack frequency is a potent risk factor for the development of chronic migraine. In parallel with this, overuse of medications intended to treat headache acutely may accelerate the “chronification” process and reinforce chronic migraine once it has developed. Even relatively low levels of use of certain classes of drugs may be linked to eventual “chronification”; opiates/opioids (“narcotics”) and barbituate-containing compounds

have been reported to be the most potent offenders in this regard. A number of studies have reported obesity and chronic migraine to correlate strongly, and an association between chronic migraine and disorders of mood (notably, anxiety and depression) has been well established. Chronically disrupted sleep may predispose to – or, at least, reinforce – chronic migraine. Finally, a history of severe emotional or physical trauma may predispose to chronic migraine, and the traumatic event itself may be widely separated in time from the onset of migraine “chronification” process.

So what can *you*, the migraineur, do to assist in preventing chronic migraine or, if you are already at that point, achieve remission back to episodic headache?

1. Even if you have episodic migraine of stable frequency, minimize – or avoid altogether – use of opiates/opioids (eg, *Vicodin*, *Lortab*, *Lorcet*, *Vicoprofen*, *Percodan*, *Percocet*) or butalbital-containing compounds (eg, *Esgic*, *Fioricet*, *Fiorinal*).
2. If you find your previously low level of headache frequency to be steadily increasing over a period of weeks or months, *seek medical attention now!* The chronification process is far easier to halt and reverse if treatment intervention is undertaken early; do *not* wait until your headaches reach a level of daily occurrence before you seek help.
3. If your migraine is “chronifying” or already has become chronic:
 - a. treat acute headache intensifications early and aggressively . . . but avoid overuse of any single medication or class of medications; seek your healthcare provider’s

- assistance in creating a balanced plan for acute headache treatment.
- b. begin- and stick with- a regular aerobic exercise program (one recent study found regular aerobic exercise to correlate strongly with remission from chronic migraine); again, seek your provider's assistance in devising an exercise plan appropriate to your capabilities and general health.
 - c. if you are overweight, work with your provider to develop a diet/(aerobic) exercise weight loss program.
 - d. seek treatment for any coexisting disorder of mood or sleep.

Take an active role in the management of your migraine disorder, and as your headaches decrease, you will enjoy an accompanying improvement in both your quality of life and your general health.

John F. Rothrock, MD
Editor-in-Chief