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Diagnosis and Treatment of Migraine

Ian Bricknell*

Department of Neuroscience, University of Copenhagen, Denmark

Letter

Migraine is that the most typical disabling brain disease. Chronic hemicrania, a condition characterised by the expertise of migrainous headache on a minimum of fifteen days per month, is extremely disabling. Patients with chronic hemicrania gift to medical aid, square measure typically referred for management to secondary care, and compose an oversized proportion of patients in specialist headache clinics. several patients with chronic hemicrania even have medication overuse, outlined as employing a compound analgesic, opioid, triptan or ergot spinoff on a minimum of ten days per month [1]. All doctors can encounter patients with chronic headaches, there's currently no excuse for either of those factors to impact upon the management of those patients. once assessing a patient with chronic headaches (that is, by definition, headaches on a minimum of fifteen days per month), it's vital from the commencement to determine however the headaches originally developed. There is square measure 2 typical patterns. In one set of cases, patients with a pre-existing primary headache disorder (usually, however not solely migraine) have ever-increasing attacks till they reach a stage wherever they are doing not recover headache freedom in between, a pattern originally referred to as 'transformed migraine'

Thunderclap headache

Subarachnoid harm

Cerebral channel occlusion (CVST)

Reversible cerebral constriction syndrome

Carotid/vertebral artery dissection

Pituitary stroke

Intracerebral haemorrhage/haematoma

Hypertensive brain disease

Idiopathic thunderclap harm (Call–Fleming syndrome)

Persistent worsening headaches

Raised humour (CSF) pressure (tumour, abscess, CVST, upset intracranial hypertension)

Low CSF volume (post-lumbar puncture, spontaneous CSF leak)

Meningitis (acute/chronic)

Hypoxia/hypercapnia

Substance abuse/withdrawal

Systemic inflammatory conditions, as well as arteritis

Recognize the disorder

Migraine is that the commonest reason behind continual, severe headache. it's practised at some purpose by over two hundredth of ladies and over 100 percent men [2]. The tendency to suffer from hemicrania features a genetic basis, however individual attacks could also be triggered by internal or external influences, or just come back by themselves for no apparent reason. The name 'migraine' originally comes from the Greek word sick headache, that means 'half of the head', representing one in every of the foremost placing options of the condition: that in several cases pain solely affects one 1/2 the top [3]. Equally unremarkably, however, pain is felt bilaterally, at the front or the rear of the top, additional seldom within the face, and rarer still within the body ('migrainous corpalgia'). There is square measure 3 broad approaches to treating chronic migraine: life style and trigger management, acute treatments (i.e., those taken throughout attacks or exacerbations of chronic pain), and preventive treatments (medication or alternative interventions designed to scale back the tendency to possess attacks). whereas several patients notice that life style changes like regularizing meals and sleep will cut back the frequency of their attacks, some sort of medication or alternative treatment is nearly invariably necessary in patients with chronic hemicrania [4]. once patients have chronic severe headaches, it will be tough to acknowledge specific triggers. Paradoxically it's typically the case that as chronic headaches begin to boost with treatment, triggers become additional obvious. Regularity of program with relevancy meals, hydration, sleep and stress is usually useful in reducing the tendency to migraines; recognizing that this can be useful is easy, however truly creating the requisite changes in an exceedingly trendy busy life could also be harder. Patients with chronic hemicrania typically notice it tough to grasp once to require acute treatments. each patient and physicians could also be involved regarding the likelihood of medication overuse, and within the early stages of management it's going to be desirable to avoid acute painkillers altogether. Once a stage is reached wherever their square measure clear 'good days and unhealthy days', or a situation once there's a background headache with clearly outlined exacerbations, then acute treatment will be reintroduced [5]. the standard principles apply attacks ought to be treated early, once the pain continues to be mild; effective doses ought to be used, treatments being titrated steady up to the most tolerated dose before being abandoned as ineffective; associated symptoms like nausea ought to even be treated; and an applicable route of delivery ought to be chosen (various medications will be given by nasal spray or via a suppository).

Acute hemicrania treatments

Paracetamol 1 g

Aspirin analgesic

Ibuprofen nonsteroidal anti-inflammatory drug

Naproxen Naprosyn

***Corresponding author:** Ian Bricknell, Department of Neuroscience, University of Copenhagen, Australia, Tel: 32425105814; E-mail: Bricknell_I@gmail.com

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Triptans

Preventive treatment is sometimes thought-about once headache frequency or severity will increase to a degree once it's considerably meddlesome with work, college, or social life. For patients with chronic hemicrania this can be invariably the case, and a few sorts of preventive medication or alternative intervention is nearly universally indicated.

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Conflicts of Interest

The author has no known conflicts of interested associated with this paper.

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