# The Connection Between MS and Migraines

by ANGELA FINLAY

## Managing Migraines

Headaches are not a particularly common daily symptom of MS, but when they do occur, there's a clear pattern. Patients with MS are more prone to cluster headaches than tension headaches, but most prone to migraines: while 10% to 15% of the general population suffers from migraines, over 40% of MS patients meet the criteria for migraine pain.

Since migraine headaches have such a big impact on quality of life, it's important for MS patients to spot and treat the pain swiftly, so the headaches don't compound their illness and complicate their lives any further.

### Spotting a Migraine

Migraine is a term that's used quite a bit, but it actually comes with a specific set of symptoms. Although different people may experience the pain differently, migraine headaches often involve:

- Throbbing on one or both sides of the head
- Sensitivity to light and/or sound
- An "aura," or vision disturbances like blurriness or bright lines
- Nausea, vomiting, or loss of appetite
- Four to 12 hours of pain
- Residual pain and discomfort after the headache has passed

In comparison, cluster headaches generally only affect one side of the head, sometimes right behind the eye, involve nasal pain, tend to hit suddenly and often at night, but have a shorter duration (it's rare for a cluster headache to last more than three hours). Tension headaches are milder, with tightening or throbbing pain around the whole head or into the base of the skull.

### The Link Between MS and Migraines

Studies suggest that MS patients are twice as likely to experience migraine headaches as the general population. In turn, experts suspect a common predisposing factor for migraine and multiple sclerosis.

### Migraine as a Cause of MS

While those with migraines seem to be more prone to MS, it's difficult to say whether the migraines are actually responsible for the onset of the disease. Women who suffer from migraines are around 50% more likely to develop MS down the road, but experts aren't sure whether the migraines spark the MS, or are simply one of the earliest symptoms of MS. Part of the uncertainty may come down to the similarities between the two conditions:

- Both conditions are usually diagnosed before the age of 50

- Women are far more prone to both conditions than men (MS affects females twice as often as males, and women are three times as likely to develop migraines than men)
- Each condition can alter brain structure and cause brain lesions, which leads to a variety of symptoms

Since they share several characteristics, both biological and environmental factors, diagnosis can be difficult – or in some cases, easier. It's possible that recurring migraines lead patients to have an MRI, and only then is evidence of MS detected.

**Migraine as a Symptom of MS**

Medical experts believe that migraines are more likely a symptom, rather than a cause of MS. One explanation points to changes in brain tissue: the brainstem is one of the three main sites of MS lesions, and those lesions can interfere with neuron activity, leading to migraine pain.

Certain medications for MS can trigger migraines, too. Disease-modifying treatments like interferon beta medications (Rebif, Betaseron, and Avonex) have been known to cause and worsen headaches, and some drugs that treat fatigue can bring on a headache, too. But while headaches in general are a common side effect of many drugs, it seems that medication-induced migraines typically only strike those with a history of migraines.

*Next page: migraine-like headaches with MS and migraine treatments.*

## Migraine-Like Headaches With MS

Sometimes it can seem like a migraine is building, but another MS-related event is really to blame for the pain in your head. It's important to learn how to distinguish between possible causes, since different pain can call for different treatment approaches:

- **Optic neuritis**. MS lesions often occur in the optic nerve, which connects the retina to the brain. The pain and pressure caused by these lesions can feel remarkably similar to the intense, throbbing eye pain many migraine sufferers experience. However, this pain can be blamed on a swollen optic nerve, not the classic misfiring in the brain that is thought to cause migraine headaches.
- **Depression**. Deep-reaching mental disorders can manifest in many physical ways, including headaches. As is the case with many chronic illnesses, the rate of depression is higher among MS patients, which means they are more likely to experience pain related to anxiety or depression, too.
- **Midbrain lesions**. MS lesions that occur near the trigeminal nerve may be linked to migraines and cluster headaches, as well as the severe facial pain (known as trigeminal neuralgia) that is unfortunately common in MS sufferers. It follows that pressure and interference in this region of the brain could cause a range of pain, though you may be tempted to attribute it to migraine.

## Treating Migraines in MS

First and foremost, communicate with your doctor often. Headaches and migraines are often overlooked in favor of the more prominent MS symptoms, like numbness, weakness or spasticity. If you begin to experience headaches all of a sudden, they change in nature or frequency, or you suspect migraine, visit your doctor for a thorough examination.

- **Know your triggers**. Understanding migraine triggers can help you avoid the headaches in the first place, and a pain journal will help you keep track of your triggers alongside your MS symptoms. Record specific details, like what you were doing or eating when the headache hit, the time of day and how long the migraine lasted, and what treatment (if any) helped. A comprehensive pain record will help your doctor determine a promising treatment plan that meshes with your MS management.

- **Experiment with treatment**. Migraines are notoriously tricky to treat, but a bit of patience and perseverance can go a long way to a better wellbeing. You may need to try a few different combinations of

medications and complementary treatments before you find the best approach, and you may need to tweak your treatment for each individual headache. Your doctor might start you with Triptans, the class of drugs that are often most effective for migraine pain, but other pain relievers could work well, too. The key is to pay close attention to how the medications are working and where they might be falling short, and relay your findings to your doctor or neurologist.

- **Rest your body and mind**. Rest and relaxation are important for stress relief, and stress relief will help you defend against migraines and MS symptoms. But sleep can also be a powerful tool for migraine management. Some people find that going to sleep in a dark, cool space can shorten the duration of an attack, and a long nap after a migraine can help relieve some of the residual symptoms, like irritability, fatigue and confusion.

Any effective treatment begins with an accurate headache diagnosis, and works with your current regimen of MS medications without causing problems. Managing your MS as well as possible will help you stay energetic and prepared for any headache pain that arises, and that means you can take more control of your comfort and quality of life.