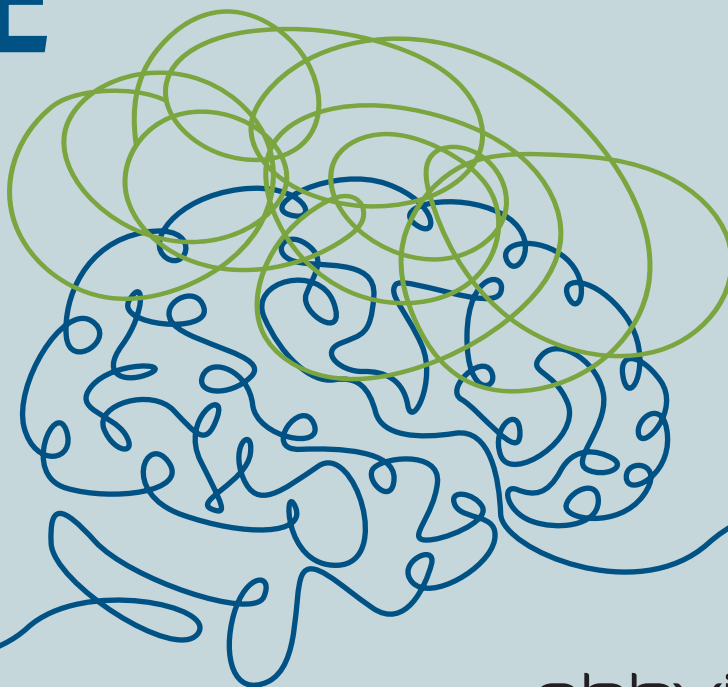


MY MIGRAINE MANAGEMENT GUIDE



abbvie

INTRODUCTION

Migraine is a complex neurological (brain-related) disease thought to be influenced by genetics and environmental factors that goes beyond the common perception of just being a bad headache. This brochure aims to demystify migraine by breaking down the phases of a migraine attack, explaining the effect of migraine on the brain and body, and guiding you through a migraine management plan.

Whether you are personally affected by migraine or supporting someone who is, this guide provides essential knowledge to help you understand and manage this disease effectively.

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MAKING SENSE OF MIGRAINE

Affecting over 4 million Canadians, migraine is a complex neurological disease that is not fully understood. Migraine attacks may begin at any age but typically begin in puberty and adolescence. Though often associated with headache, migraine may involve a wide range of symptoms and is much more than just head pain.



Migraine is often misunderstood, which may lead to misdiagnosis.



WHAT IS MIGRAINE?

Migraine is characterized by recurring attacks of moderate to severe head pain, often accompanied by other symptoms such as nausea, vomiting, and sensitivity to light or sound. For some, migraine attacks include visual disturbances called aura, which can appear as flashing lights or blind spots. Because symptoms can vary greatly between individuals, migraine may be difficult to recognize at times.

Migraine attacks often come in phases. You might experience warning signs, known as prodromal symptoms, in the hours or days leading up to an attack. Some prodrome signs may include irritability, sensitivity to light/sound, or food cravings. The headache phase is typically the most severe and can last hours to days. This is often followed by the postdrome phase, where you may feel fatigued, depressed, euphoric, or have concentration difficulties.



Migraine is more than head pain. Symptoms like nausea, dizziness, and light sensitivity are often part of the experience.

MIGRAINE SHARES SYMPTOMS WITH OTHER CONDITIONS

Because of the variety of symptoms, migraine may be mistaken for other conditions such as tension headaches, sinus headaches, or anxiety. This may occur because symptoms of these conditions can overlap with those of migraine. For example, migraine attacks can be triggered by stress and poor sleep, just like tension headache. Both migraine and tension headache can cause aura (visual or other sensory disturbances), nausea, and sensitivity to light or sound. However, migraine attacks will typically cause pain on one side of the head, while tension-type headaches will cause pain on both sides.



Migraine may sometimes be confused with sinus headache, tension headache, or anxiety. If you think your symptoms may be due to something other than migraine, talk to your healthcare provider.

Medication overuse headache is when you have an existing headache disorder, and you experience headache for more than half of the month. This type of headache is different from chronic migraine. It may develop from taking acute and/or symptomatic medications too often for more than 3 months, including:

- Analgesics such as ASA, NSAIDs, and acetaminophen for more than 14 days per month
- Triptans or combination analgesics for more than 9 days a month

MIGRAINE: CHRONIC VS. EPISODIC

Migraine can be described as either chronic or episodic, depending on the frequency of your attacks.

- **Episodic Migraine:** If you experience headache symptoms on fewer than 15 days per month, your migraine is considered episodic.
- **Chronic Migraine:** Chronic migraine occurs when you experience headache on 15 or more days per month, with at least 8 of those days involving migraine symptoms. People with chronic migraine often experience more frequent and intense attacks, which can have a greater impact on their daily lives.



Keep track of all the days you experience headache or migraine symptoms and report this to your healthcare provider. It can help ensure you're getting the right support.

Knowing whether your migraine is episodic or chronic can help you and your healthcare provider better understand your disease and discuss management options. While it might not change your immediate care, understanding your migraine classification can help guide future discussions with your healthcare provider.



Did you know? Approximately 2.5% of people with episodic migraine transition to chronic migraine each year. Identifying and avoiding or limiting exposure to triggers may help prevent migraine.

UNDERSTANDING MIGRAINE TRIGGERS

Identifying migraine triggers can help manage attacks for some people. Triggers include stress, missed meals, mild dehydration, sleep quality, certain foods, alcohol, bright lights, and hormonal changes such as menses (periods). But did you know that not every trigger will start a migraine? Some researchers believe that people with migraine have what is known as a “migraine threshold”. This is the idea that a person with migraine can tolerate several triggers, but once a certain threshold is crossed, they may experience a migraine attack. For example, a stressful day at work may not necessarily trigger a migraine, but when combined with the decision to unwind afterward with some chocolate and red wine, the chances of a migraine attack may increase.

Keeping a migraine diary can help you spot trends and consider how multiple triggers might combine over time—possibly contributing to the theorized “migraine threshold”. Every detail matters when it comes to staying one step ahead.

Interestingly, for some people with migraine, there may be an overlap between migraine triggers—like craving certain foods and environmental factors—and the early migraine symptoms.



Some experiences, like craving chocolate or being sensitive to bright lights, may act as migraine triggers or as early symptoms. For some, they might be both.

Tracking how you feel may give you and your healthcare provider useful insights to talk about. They will help you to focus on the things you can change, like identifying patterns or triggers that may be within your control. Keeping a migraine diary and noting symptoms like cravings, light sensitivity, or mood changes may help support these conversations.

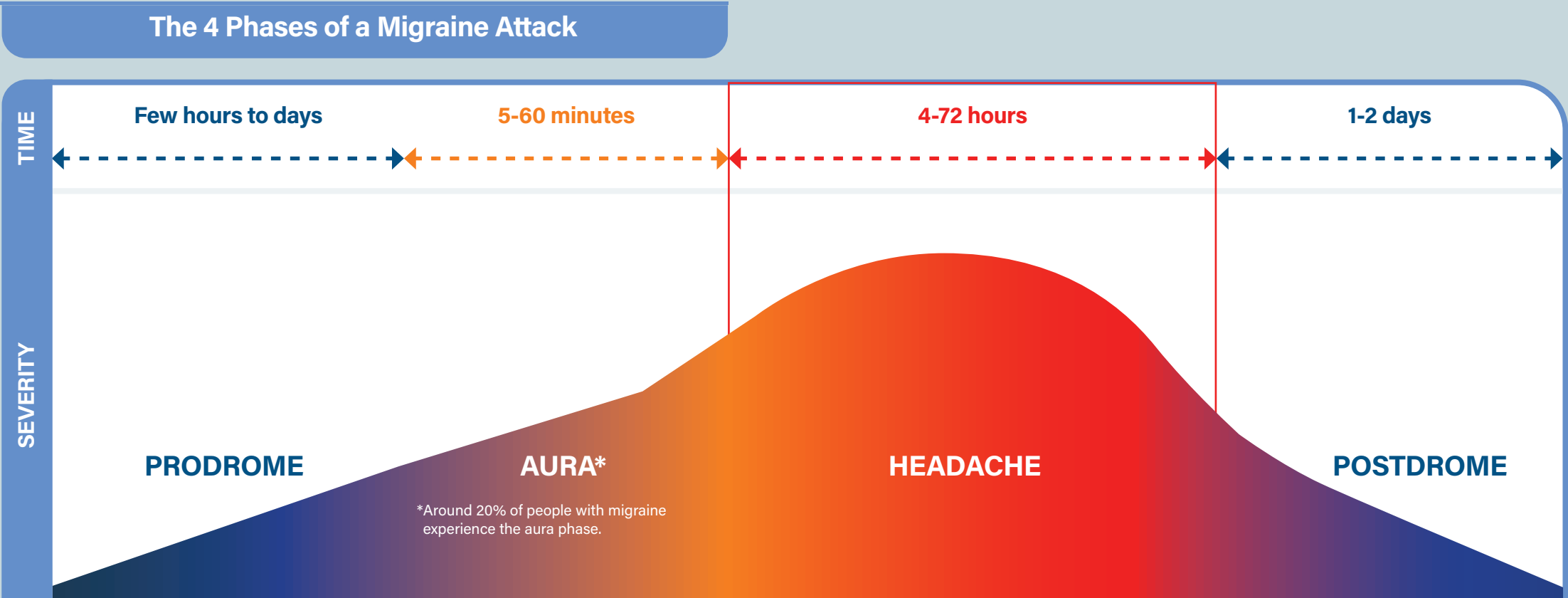


The Canadian Migraine Tracker can help you track your triggers and migraine attacks. Visit migrainetracker.ca for more information.

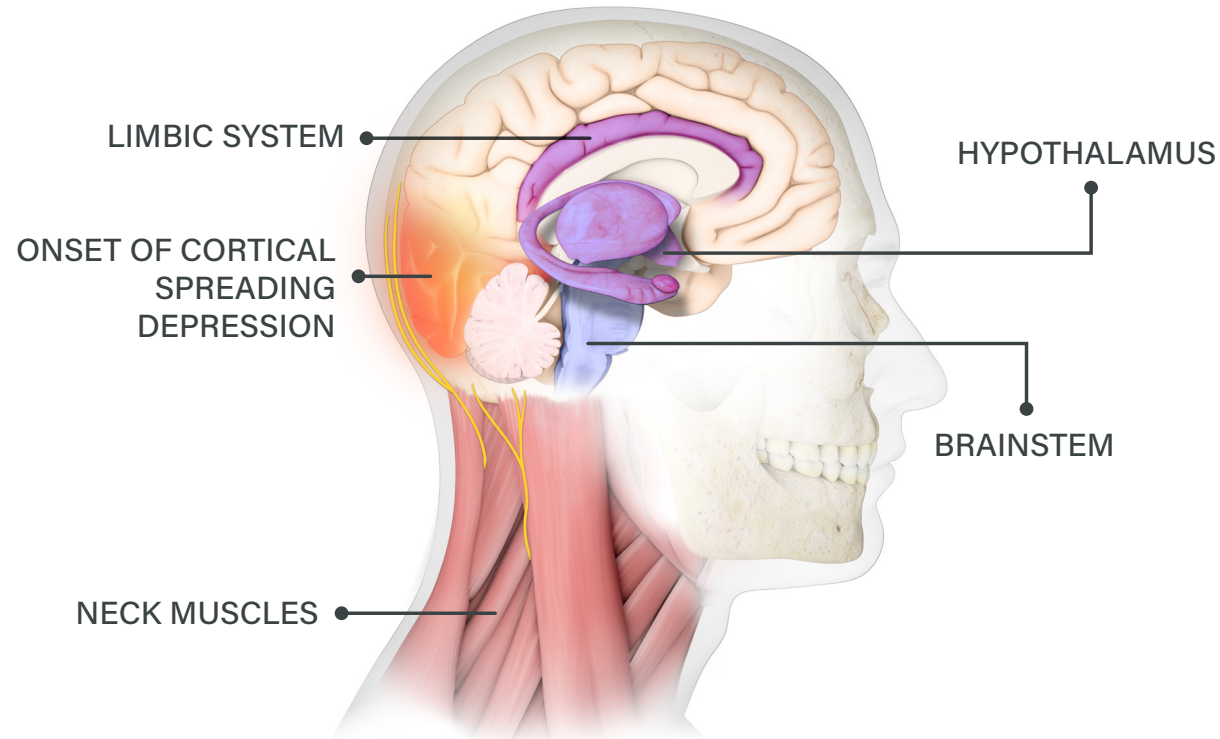
WHAT HAPPENS IN THE BRAIN DURING A MIGRAINE ATTACK?

Learning what happens in the brain during a migraine attack can help you better recognize your symptoms. While not fully understood, migraine is often described in terms of a series of neurological (brain-related) events that unfold in four phases, each of which seem to involve changes in activity in different parts of the brain.

The four phases may occur in order, but they often overlap. Keep in mind that not everyone experiences migraine the same way—you may not experience every phase. This section explains these phases and their associated symptoms, which may help give you a clearer picture of how migraine may be affecting your brain and body.



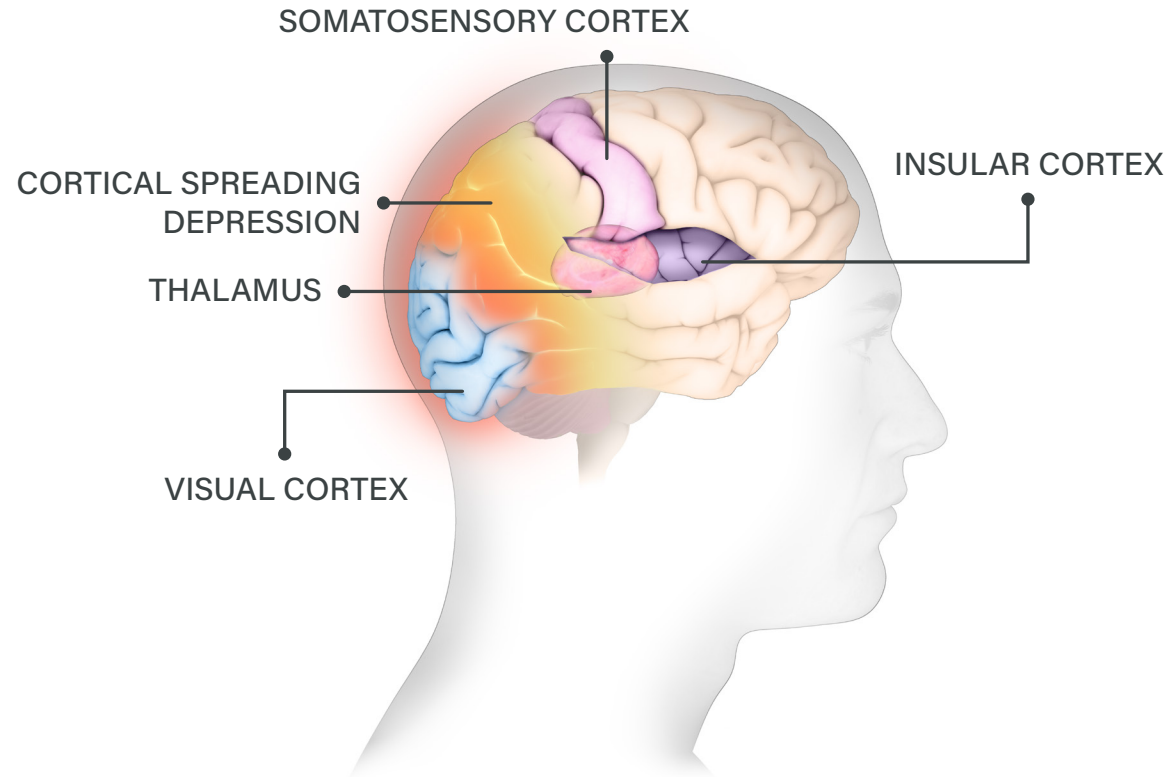
PRODROME PHASE



During the prodrome phase of a migraine attack, brain activity and network connectivity changes may start hours or even days before the headache begins. This phase may be thought of as the brain's early warning system, where you might feel unusually tired, irritable, or sensitive to light (photophobia) and sound (phonophobia).

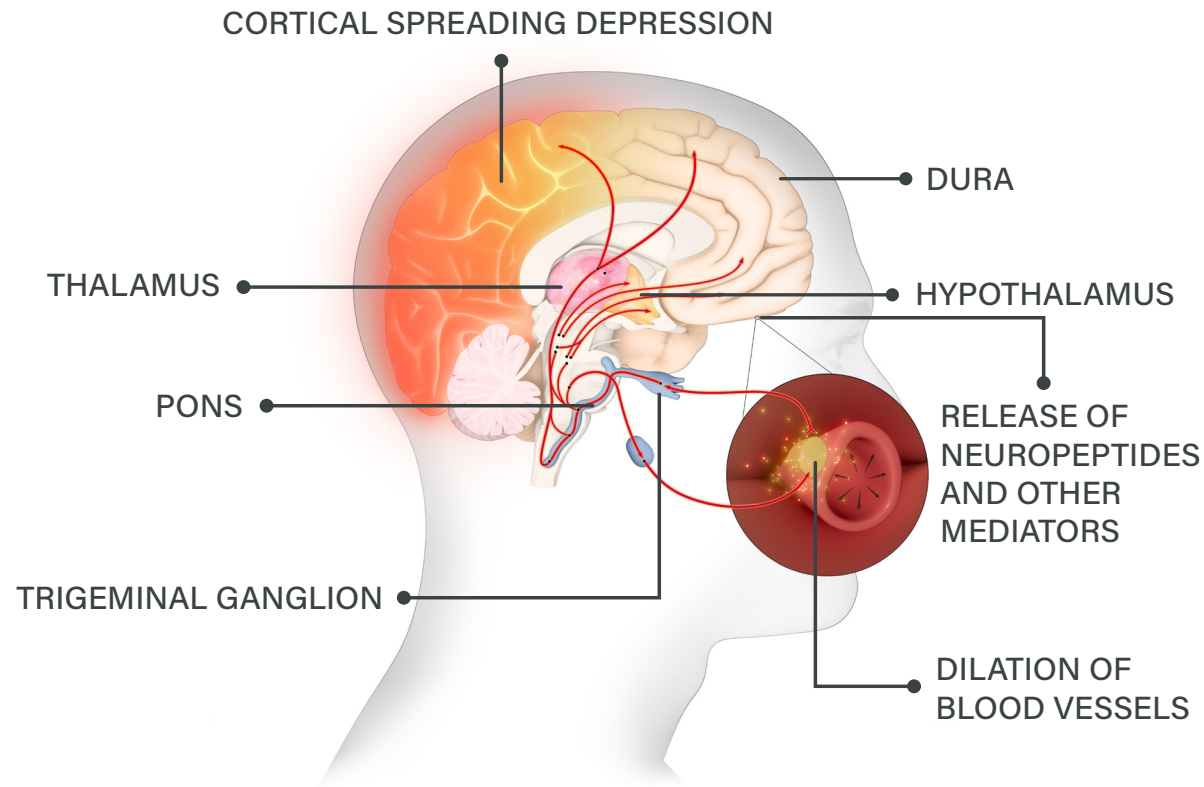
It's believed that this happens because certain brain regions, including the **hypothalamus**, which regulates mood, appetite, and sleep, and the **brainstem**, which controls alertness and pain sensation, may be activated. Dopamine from the hypothalamus may cause prodrome symptoms such as fatigue, nausea, and yawning.

In addition, it is thought that the **limbic system** may also contribute to symptoms such as concentration problems, mood changes, and phonophobia, while the **visual cortex** is thought to play a role in photophobia. **Neck stiffness** can also contribute to the discomfort associated with this phase.



Only about 20% of people with migraine experience the aura phase of a migraine attack. During this phase, the brain undergoes a temporary wave of electrical activity followed by a period of reduced activity known as **cortical spreading depression**.

This phase typically lasts from a few minutes to an hour and may be associated with visual disturbances like seeing flashing lights, zigzag patterns, or blind spots. Aura is likely due to dysfunction in the **visual cortex, somatosensory and insular cortex**, and **thalamus**. Less commonly, people experience sensory changes such as tingling, numbness, or difficulty talking.

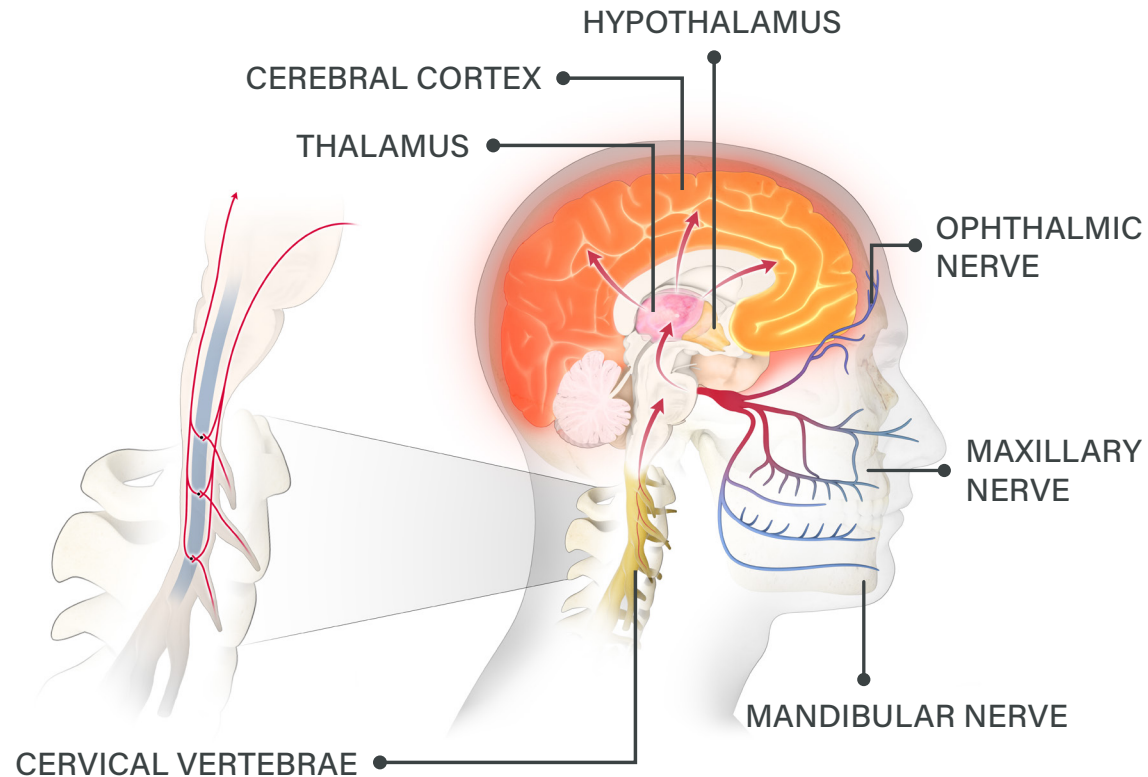


During the headache phase of a migraine attack, intense pain typically occurs on one side of the head, although it can affect both sides. This phase can last from 4 to 72 hours. Like the aura phase, it may also involve **cortical spreading depression**.

It is thought that activation of the trigeminovascular system, including the **trigeminal nerve and its ganglion**, may lead to the **release of substances called neuropeptides and other mediators** such as calcitonin gene-related peptide (CGRP), substance P, neurokinin A, nitric oxide (NO), and prostaglandins. These mediators may then cause **blood vessels** to dilate and are thought to contribute to the sensation of throbbing or pulsating pain. They also may trigger inflammation in the **dura** (the outermost layer protecting the brain), further intensifying the pain.

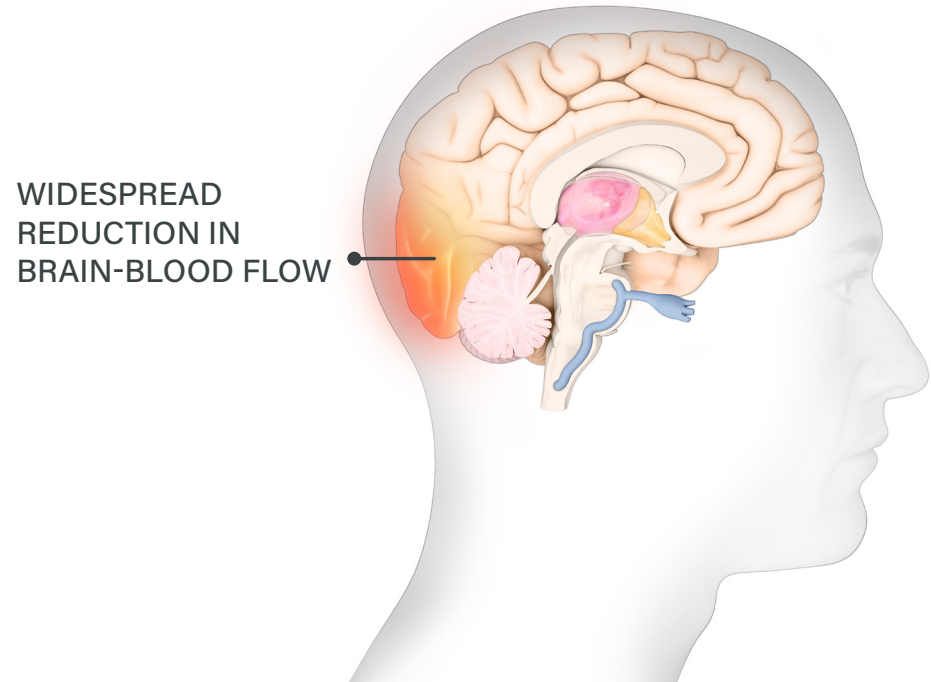
Researchers believe that pain signals originating from the dura travel via the trigeminal pathway through the brainstem (including the **pons**), **hypothalamus**, and **thalamus**, eventually reaching the **cerebral cortex** for sensory processing. The inflammation triggered by the release of those substances may not only cause the throbbing headache, but they also may contribute to other symptoms such as nausea, vomiting, and sensitivity to light and sound.

HEADACHE PHASE



It is thought that the trigeminal nerve, comprised of the **ophthalmic nerve (V1)**, the **maxillary nerve (V2)**, and the **mandibular nerve (V3)**, sends pain from the eyes, scalp, forehead, upper eyelids, mouth, and jaw to the brain. During a migraine, pain in the neck can occur alongside head pain. This may be because sensory input from both the head and the upper part of the neck, including the **cervical vertebrae**, converges in a part of the nervous system called the **trigeminocervical complex (TCC)**, where pain signals from the face (via V1) and upper neck (from spinal levels C1–C3) come together.

The **thalamus**, a brain region involved in processing sensory and pain signals, may become activated during this phase, relaying these signals to the **cerebral cortex**, which further processes the pain perception.



The postdrome phase of a migraine attack, often referred to as the “migraine hangover,” occurs after the headache subsides and can last for hours to days. During this phase, some may experience lingering symptoms such as fatigue, difficulty concentrating, depression, euphoria, and cognitive difficulties. It is thought that this multitude of symptoms is due to the **widespread reduction in blood flow** in the brain.

Migraine is variable in nature. You may not experience all four phases of a migraine attack. Migraine patterns and symptoms can shift from one attack to another. Recognizing this can help you track your symptoms and discuss them more effectively with your healthcare provider.

WHAT CAN I EXPECT ON MY MIGRAINE MANAGEMENT JOURNEY?

Embarking on a migraine management journey can be daunting, but understanding your options may help you feel more informed and confident.

If you need prescription treatment, your healthcare provider may consider how often you have a migraine attack and how severe they are before providing a treatment recommendation.



What Type of Migraine Do You Have?

Check the box that applies to you. If you're unsure, ask your healthcare provider.

- ☐ **Episodic Migraine - Moderate Frequency**
(4-7 migraine attacks per month)
- ☐ **Episodic Migraine - High Frequency**
(8-14 migraine attacks per month)
- ☐ **Chronic Migraine**
(15 or more headache days per month, with at least 8 days of migraine symptoms)

1. LIFESTYLE MODIFICATIONS

Whether you have episodic or chronic migraine, try following these steps to help prevent symptoms:

- **Trigger Avoidance:** Identifying and avoiding personal migraine triggers.
- **Regular Sleep Schedule:** Maintaining consistent sleep patterns.
- **Stress Management:** Techniques such as mindfulness and meditation.

2. ACUTE TREATMENT

The goal of acute treatment for migraine is to relieve you of pain (ideally, within 2 hours) so you can get back to your daily activities.

Mild to moderate migraine

A mild to moderate attack is one that does not require bed rest and does not stop participation in activities, although it may be somewhat difficult to continue. Select treatment options for this type of migraine may include:

- **Analgesics such as acetaminophen and nonsteroidal anti-inflammatory drugs (NSAIDs):** Acetaminophen, acetylsalicylic acid (ASA), ibuprofen, naproxen sodium, diclofenac potassium.

Moderate to severe migraine

Moderate to severe attacks are more severe than mild to moderate migraine attacks. Patients may experience vomiting or nausea. This type of migraine attack can be treated with the following options:

- **Gepants (also called calcitonin gene-related peptide [CGRP] receptor antagonists):** Ubrogepant or rimegepant.

- **Triptans:** Sumatriptan, rizatriptan, zolmitriptan, naratriptan, almotriptan, eletriptan, or frovatriptan.
- **Others:** A fixed-dose combination of an NSAID and a triptan.

Refractory migraine

Patients experience refractory migraine when they have not responded satisfactorily to NSAIDs or triptans.

- **Ergot derivatives:** Dihydroergotamine.

3. PREVENTIVE TREATMENT

One of the goals of preventive treatment for migraine is to reduce the frequency and severity of migraine attacks.

These are some of the medication options that may treat or help to prevent migraine attacks you have:

- | | |
|-----------------|----------------------|
| ▪ Amitriptyline | ▪ Fremanezumab |
| ▪ Atogepant | ▪ Galcanezumab |
| ▪ Candesartan | ▪ OnabotulinumtoxinA |
| ▪ Eptinezumab | ▪ Propranolol |
| ▪ Erenumab | |

4. NON-PHARMACOLOGICAL OPTIONS

The following options may be considered as part of your migraine treatment:

- **Cognitive Behavioral Therapy (CBT):** To learn how your actions and thoughts affect how you sense pain.
- **Biofeedback and Relaxation Techniques:** To help control physiological responses to stress.
- **Acupuncture:** May provide relief for some people.

5. ONGOING MONITORING AND ADJUSTMENT

- **Regular Follow-ups:** Continuous evaluation of treatment effectiveness and side effects.
- **Treatment Adjustments:** Modifying the treatment plan as needed based on your response.

6. SELF-MANAGEMENT STRATEGIES

- **Migraine and Treatment Tracker Tools:** It's important to track your migraine attacks, triggers, and treatments to help tailor your management plan. You can use the migraine passport found in the next section to keep a record of your treatments throughout your journey. The **Canadian Migraine Tracker** can help you monitor your attacks and triggers. Visit migrainetracker.ca for more information.

- **Education and Support:** Joining a migraine group can help you stay informed and supported throughout your journey. Some helpful resources have been included on page 31 of this booklet.



The Canadian Migraine Tracker can help you track your triggers and migraine attacks. Visit migrainetracker.ca for more information.



YOUR PERSONALIZED MIGRAINE PASSPORT

You can use this passport to document the treatments you've tried and to note any changes in your symptoms. This will help you and your healthcare provider make informed decisions about your care.

Remember: Your migraine journey is unique. Since migraine can present in various ways, no single treatment works for everyone. Use this migraine passport to record the migraine treatment strategies you have tried. This may help your healthcare provider understand your unique migraine journey.



Bring this passport to every migraine appointment. Your healthcare provider can help you fill it out and note any changes to your treatment regimen.

ACUTE TREATMENTS

Medication Name & Dosing	Date Started	Date Stopped	Notes

NON-PHARMACOLOGICAL ACUTE TREATMENTS

Name	Date Started	Date Stopped	Notes

PREVENTIVE TREATMENTS

Medication Name & Dosing	Date Started	Date Stopped	Notes

NON-PHARMACOLOGICAL PREVENTIVE TREATMENTS

Name	Date Started	Date Stopped	Notes

Always follow your migraine management plan as recommended by your healthcare provider, and remember to inform them about any symptoms you may be experiencing.

FINDING SUPPORT

Many people think migraine is just a bad headache—but it’s much more than that. This misunderstanding can make the journey feel lonely, as those around you may not fully grasp the severity and impact of your disease. However, empowering yourself with the right information and support can make a significant difference.

In Canada, organizations like Migraine Canada and Migraine Quebec provide valuable resources, support groups, and educational materials. These communities offer the support and knowledge you may need to help manage your disease effectively.



MigraineTM
Canada

MigraineCanada.org
1-833-345-4323



MIGRAINE
QUÉBEC
Mieux comprendre

MigraineQuebec.org
(available only in French)



You are not alone on this journey! Did you know that experts estimate that nearly **4.5 million Canadians** are affected by migraine? Reach out for support and connect with others who understand what you’re going through.

For more information, visit
MigraineCanada.org or MigraineQuebec.org



Migraine Canada



Migraine Quebec