

River Cities Interventional Pain Specialists

Since 2004 Dr. Randall P. Brewer has been in clinical private practice in Shreveport, Louisiana and maintains academic appointments at Duke University and Louisiana State University, where he routinely lectures in the areas of Pain Medicine and clinical Neuroscience in the Department of Neurology and the Medical school. He is board certified by the American Society of Anesthesiologists, the American Board of Pain Medicine, and the American Board of Psychiatry and Neurology.

Dr. Brewer and his multi-disciplinary team of highly skilled nurses and physician extenders provide comprehensive pain management treatment solutions to treat chronic pain disorders. The team works collaboratively with patients and area providers to develop individualized treatment plans and attainable goals. . These strategies help patients to effectively address a wide range of chronic pain disorders.

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TOP TEN QUESTIONS ABOUT...



MIGRAINE PREVENTION

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1. I have had migraines for a very long time. I did not know that they could be prevented.

How can I prevent migraines?



The prevention of “triggers” is one of the most effective ways to prevent migraines. A “migraine trigger” is an event or situation which may cause a migraine to occur in some individuals. Common triggers are loss of sleep, stress, hormonal fluctuations in women, and certain foods. Many people learn to avoid their most common triggers, but identifying triggers can be difficult for some people.

2. How can I identify my triggers?

A headache diary is the most effective way to learn about your migraines and the how your lifestyle can influence the frequency of your migraines. A headache diary will ask you to record your activity, weather, stress, diet, and other factors that are very important in learning more about your migraines.

3. How do I avoid stress? It seems impossible!

Avoiding stress is a common recommendation and very seldom feasible with an active lifestyle. Exercise, biofeedback, meditation, and other relaxation techniques can do a lot of good in helping to cope with stress and reduce migraine attacks. Talk to your physician or counselor about resources for stress management.

4. What about my diet? Can certain foods cause migraines?

Many people report that certain foods such as strong cheese, red wine, chocolate, yeast, and cured meats can trigger migraines. The most important triggering substances in foods are “nitrites, nitrates, and sulfites.” Preservatives, artificial sweeteners, and food additives are the most common sources of these compounds. Monosodium Glutamate or “MSG” in Chinese food and other foods has been implicated as a common migraine trigger.

5. What types of medical treatments are available for migraine prevention?

Migraine prevention medications fall into two very basic categories: vascular medications, and nervous system medications. The vascular medications are drugs which were developed to treat high blood pressure, such as verapamil, propranolol, and atenolol. The nervous system drugs are drugs that were developed to treat either seizures (most commonly) or depression. Examples of nervous system drugs include topiramate (Topamax®), valproic acid (Depakote®), and amitriptyline (Elavil®).

Botulinum Toxin (Botox®) works by the blocking certain hormones in muscles around the scalp. Clinical studies showed that Botox® reduced headaches by at least half in persons who suffered chronic migraines (persons with more than 2 or 3 headaches per week). Although the exact explanation for how Botox® works is not known, the drug can be a very effective option when other medications do not work or are not well tolerated.

6. How do I know which preventive treatment is best for me?

The one that is best for you is the one that works the best yet produces few or no side effects. The basic goals are to provide you with more headache free days yet not impair your ability to function on days when you do not have a headache. Your physician will discuss the options with you to determine which of the preventive therapies are best for you.

7. How do the migraine preventions work?

The nervous system drugs are believed to alter the chemicals in the brain which trigger the migraine attack. One important chemical is called serotonin. When serotonin levels in the brain are kept steady and not depleted, migraine attacks seem to occur less frequently. Blood pressure medications like calcium channel blockers and beta blockers block the chemicals which cause the constriction or tightening of blood vessels. It is believed that blood vessel constriction is an important phenomenon in migraine headaches.

8. Once I have been place on migraine preventive medications, how long do I have to stay on them?

Many persons with migraines who are controlled on migraine preventives choose to remain on the medications indefinitely. Other individuals may choose to reduce the preventive medications or stop taking them altogether after a period of time has passed since their migraines were not well-controlled. Gradual tapering of the weaning medication is attempted while the patient and physician monitor the frequency and severity of any migraines which occur during the weaning period.

9. Which migraine preventive medication is the most effective?

Unfortunately, there is very little information which compares one migraine preventive treatment to another. Most migraine preventive medications are quite effective, and individual preferences are generally based on the side effects. Your physician will discuss with you which migraine medications are best suited for your particular situation.

10. I have tried Topamax®, Depakote®, and Inderal® and I still have headaches every day. I have tried Imitrex® and other triptans also. The only medication which seems to help is Fioricet® but only if I take it every day at least two or three times a day. My worst headaches are gone, but I would like to try something that will relieve the headaches that occur daily. Are there any migraine preventives available that will help me?

This scenario describes what has been called “transformed migraine” or “chronic daily headache.” Persons with this condition are hardly ever headache free, and often experience severe debilitating migraines also. The treatment for this condition actually involves detoxification or weaning of migraine medications which may have contributed to the “transformation” of a typical migraine pattern into a daily one. Most primary care physicians will seek the advice or consultation with a headache specialist for the treatment of this condition.