

National Hospital for Neurology and Neurosurgery

Migraine Associated Dizziness

Department of Neuro-otology

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Your doctor in the department of Neuro-otology at the National Hospital for Neurology and Neurosurgery has diagnosed you with migraine associated dizziness.

This booklet has been written to provide you with some more information about this condition.

What is migraine associated dizziness?

Migraine associated dizziness is a form of migraine. It is also known as vestibular migraine or migrainous vertigo. Migraine is a type of recurrent severe headache. In typical cases the pain is throbbing or pulsating and often accompanied by feeling sick, vomiting, and a sensitivity to light and sound. Sufferers often prefer to lie down in a dark quiet room during an attack which typically lasts around four to 72 hours without pain relief.

Migraines are different from other headaches such as tension headache. They are common, affecting about a third of people at some point in their life. Balance symptoms are experienced by about a third of people with migraines.

These symptoms include:

- dizziness
- imbalance
- vertigo (illusions of the world moving)
- sensitivity to movement

When balance symptoms occur with migraine, this is called migraine associated dizziness. Many people with migraine associated dizziness experience the balance symptoms during headache-free periods. Others experience dizziness either just before or during the headache. In some people, the balance symptoms are more of a problem than the headaches.

What are the symptoms of migraine associated dizziness?

Migraine attacks often start on waking up in the morning. There are five stages to migraine, although not everyone will experience all the stages. People with migraine associated dizziness can have balance symptoms with any of the stages, or at other times as well.

First - Prodromal (pre-headache) or early warning stage

Some people experience strange feelings, including changes in mood, energy levels, behaviour and appetite (including food cravings) as well as aches and pains several hours or even days before an attack.

Second - Aura stage

In about one in six cases, a neurological (brain) disturbance called an aura comes before the headache. Symptoms include visual disturbances such as flashes of light or blind spots (blank areas in the vision), difficulty focusing and seeing things as though in a broken mirror.

This stage may also include hearing loss or distortion, noises (tinnitus) or fullness in the ears, balance symptoms, numbness and 'pins and needles' in the arm and leg, face,

tongue or lips. There may be quite widespread weakness of muscles, usually affecting only one side of the body. Speech may also be temporarily affected. This stage normally lasts around 15 minutes to an hour.

Third - Headache stage

In most cases there is no aura stage; the attack starts with the headache. This is usually a pulsating or throbbing pain on one side of the head. There is often nausea or vomiting, extreme sensitivity to light, sound and movement, and a strong desire to lie down in a darkened room. There may be stiffness of the neck and shoulders, tingling or stiffness in the limbs, an inability to concentrate and difficulty in speaking. Some people experience indigestion or diarrhoea. In rare cases there may be paralysis or loss of consciousness.

This stage lasts for around four to 72 hours.

Fourth - Resolution stage

Most attacks gradually fade away. Some people find the headache stops suddenly after they have been sick. Sleep often relieves the symptoms.

Fifth - Postdromal (after headache) or recovery phase

Lastly there may be a stage of exhaustion, tiredness and weakness.

What causes migraine associated dizziness?

The causes of migraine associated dizziness are unclear, but migraine is known to run in families and genetic factors are likely to play a part. It is thought migraine may occur when there is a decrease in blood flow to part of the brain followed by an increase in blood flow. This is probably caused by blood vessels narrowing then opening again. The stretching of the blood vessel wall causes pain.

Some research has shown that people with migraines may have areas of the brain which are more sensitive than usual to movement, pain, and light and sound. In migraine associated dizziness, patients are sensitive to both movements of the head and of the visual environment around them.

As well as blood vessel changes, it is thought that some chemicals in the brain increase in activity during a migraine. It seems that levels of serotonin (a chemical that is important to brain function and which has an effect on the size of blood vessels) decrease at the onset of the

headache but are normal in the periods of time between attacks.

How is migraine associated dizziness diagnosed?

There is no test to confirm migraine or migraine associated dizziness. Diagnosis depends on the symptoms, so your doctor will ask you about these in some detail. It is often helpful to keep a symptom diary to help your doctor understand what has been happening to you, and to identify any patterns the attacks show. In some cases, tests may be recommended to rule out other causes of headache or balance symptoms.

How is migraine associated dizziness treated?

As with all types of migraine, migraine associated dizziness can be triggered or worsened by certain types of foods, activities, or stress. Please see the table over page for a list of things that may help reduce the frequency of attacks.

<p>Get regular sleep</p>	<ul style="list-style-type: none"> • Most adults need approximately six to eight hours of sleep per night • Avoid sleeping in excessively on weekends and sleeping too little on workdays
<p>Eat regular meals</p>	<ul style="list-style-type: none"> • Eat regular meals and include vegetables, proteins and carbohydrates • Low blood sugar can trigger attacks
<p>Get moderate amounts of routine exercise</p>	<ul style="list-style-type: none"> • Moderate exercise three to five times per week will help reduce stress and keep you physically fit • Too much exercise or inconsistent patterns of exercise may trigger migraines
<p>Avoid dehydration</p>	<ul style="list-style-type: none"> • Dehydration can cause migraine attacks
<p>Limit caffeine and alcohol</p>	<ul style="list-style-type: none"> • Caffeine is a stimulant and caffeine withdrawal may cause headaches when blood levels fall • Alcohol can be a trigger for attacks
<p>Reduce stress</p>	<ul style="list-style-type: none"> • Relaxation and stress management may help reduce attacks

How are drugs used to treat migraine associated dizziness?

There are two types of drugs used:

- **Attack relievers**

Some drugs are used to treat symptoms in an attack such as headache, nausea, dizziness or vertigo. These drugs are only taken when you have your symptoms.

- **Attack preventers** (prophylaxis)

Some drugs are used to prevent attacks (prophylactic drugs). These drugs are taken every day whether you have symptoms or not. Since all drugs can have side effects, these are only used for very frequent or troublesome attacks.

What is the role of physiotherapy?

In some people with migraine associated dizziness, exercises can help with balance symptoms. However, in cases where migraines are very frequent, these exercises can make symptoms worse, so the timing of a balance exercise regime should be carefully considered.

What is the role of psychological treatments?

Many of the brain chemicals (like serotonin) thought to be important in migraine are also important in problems like anxiety or depression. Some people who have migraine associated dizziness can therefore also experience low mood and symptoms of anxiety. For these people, or where the physical symptoms are very distressing, seeing a psychological therapist can be beneficial.

Where can I get more information?

Migraine Action Association

Tel: 0116 275 8317

www.migraine.org.uk

The Migraine Trust

Tel: 020 7436 1336

www.migrainetrust.org

UCL Hospitals cannot accept responsibility for information provided by external organisations.

Contact details

Department of Neuro-otology

The National Hospital for Neurology and Neurosurgery

Queen Square

London

WC1N 3BG

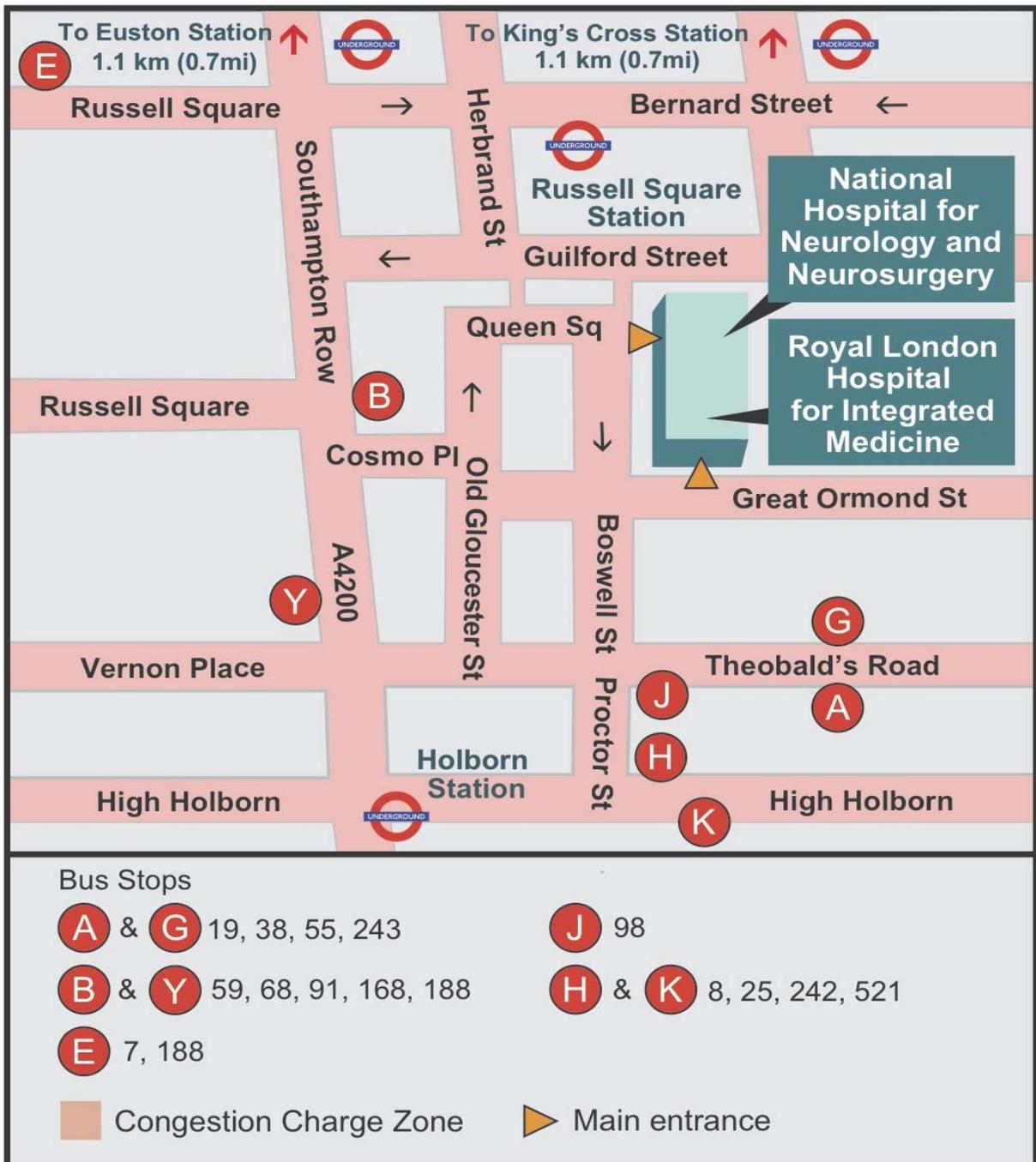
Switchboard: 0845 155 5000 / 020 3456 7890

Telephone: 020 3448 3135

Fax: 020 3448 4775

Website: www.uclh.nhs.uk/nhnn

Where to find us



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Publication date: July 2009
Date last reviewed: July 2013
Date next review due: July 2015
Leaflet code: UCLH/NHNN/MUS/MB/PIL03
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