Advice and support

To find out more about migraines and their management, contact The Migraine Trust.
Tel: 020 7631 6975
info@migrainetrust.org

You can also join The Migraine Trust's online community through Facebook, or go to:
www.nhs.uk/Conditions/Migraine www.migraine.org.uk

This advice leaflet is in line with the local Pan Mersey and Cheshire headache management pathway.

There may be students and observers present during your consultation as part of their ongoing training. Please let the staff know if you do not wish any students to be present during your attendance.

Please ask a member of staff if you would like a chaperone present during your procedure.

Southport Hospital
Town Lane, Kew,
Southport, Merseyside,
PR8 6PN
Telephone: 01704 547 471

Ormskirk Hospital
Dicconson Way, Wigan Road,
Ormskirk, Lancashire, L39 2AZ
Telephone: 01695 577 111

Mersey and West Lancashire Teaching Hospitals
NHS Trust

Vestibular Migraines

Patient information leaflet

If you need this leaflet in a different language or accessible format please speak to a member of staff who can arrange it for you.

اگر به این بروشور به زبان دیگر یا در قالب دسترس‌پذیر نیاز دارید،
لطفاً با یکی از کارکنان صحبت کنید تا آن را برای شما تهیه کند.

Jeśli niniejsza ulotka ma być dostępna w innym języku lub formacie,
proszę skontaktować się z członkiem personelu, który ją dla Państwa przygotuje.

Dacă aveți nevoie de această broșură într-o altă limbă sau într-un format accesibil,
vă rog să discutați cu un membru al personalului să se ocupe
de acest lucru pentru dumneavoastră

如果您需要本传单的其他语言版本或无障碍格式，请联系工作人员为您安排。

إذا احتجت إلى هذه النشرة بلغة أخرى، أو بتنسيق
يسهل الوصول إليه، يرجى التحدث إلى أحد الموظفين لترتيب ذلك لك.

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What is a Vestibular Migraine?

Vestibular migraine a sensory processing disorder presenting with symptoms of dizziness which are moderate to severe intensity and can last seconds, minutes and in some cases up to 72 hours or longer. They can occur with or without headaches or muzzy head feelings on one side, a throbbing or pulsing of moderate to severe intensity and can be aggravated by routine physical activity.

Light and sound sensitivity may feature along with visual auras, nausea and vomiting. Vestibular dizziness and balance symptoms include spontaneous vertigo, a false sensation of self-motion or a false sensation the of visual surroundings spinning or flowing etc. It can be positional, occurring after a change in head position.

Who has Vestibular Migraine?

Anyone can develop Vestibular migraines and it affects women more than men, especially women of child bearing or menopausal age. Studies show in headache clinics 27-33% of patients with headaches and migraine also report dizziness and vertigo (spinning sensation). 4 out of 10 people may not have a headache with every Vestibular Migraine.

A brief recap:

- Consistently implement and practice the foundations of management and prevention of migraine.
- Keep a diary of time, food, mood etc.
- Limit triggers if possible.
- Keep well hydrated.
- Recognise when a migraine might be starting e.g. change in mood, yawning, cravings, tiredness, hyperactivity, strange sensations etc.
- Know how to manage your attack, start intervention early in an acute attack and hit the migraine fast and hard with your strategy.
- Walk daily in the daylight for 30 minutes briskly and look around taking in the detail of things around you.
- Try mindfulness and relaxation with positive thoughts.

You may wish to listen to the free ‘Heads up’ podcasts on Vestibular Migraines and other migraine related things from National Migraine Centre found at the following webpage:

https://www.nationalmigrainecentre.org.uk/migraine-andheadaches/heads-up-podcast

Can supplements help?

Yes, there is some low level evidence to suggest the following supplements may be of benefit but can cause side effects just like medications. It is useful to keep a diary, trial for 3 months and stick to one or two supplements at a time.

- Vitamin B2 (riboflavin) 400mg daily.
- Q10 c-enzyme 300mg daily.
- Magnesium (malate, glycinate, gluconate) 400mg-600mg daily.
- Vitamin D 500-1000 micrograms daily.
- Selenium 200 micrograms daily.
- Vitamin E (menstrual migraines)400IU daily.
- Ginger up to 1000mg daily.
- Melatonin 1- 3mg daily (usually evening).

Essential oils:

- Peppermint oil (apply to head/ skin during an attack or put in a steam bath to inhale).

What are the symptoms of a Vestibular Migraine?

Below is a list of symptoms that maybe associated with Vestibular Migraine although they do not always occur together and the list is not exhaustive:

- Headache/Muzzy sensation.
- Moderate to severe unilateral head, neck, and shoulder or body pain.
- Light and sound sensitivity (Photophobia and Phonophobia)
- Sensory aura e.g. visual aura, spinning or sense of motion.
- Spontaneous vertigo i.e. internal or external sense of movement or spinning.
- Dizziness on positional changes of the head.
- Visually induced vertigo triggered by a complex or large moving visual stimulus.
- Head motion induced dizziness with nausea and or Vomiting.
- Ear pain, tinnitus and fullness of the ear.

About one third of people have warning symptoms, known as aura, before the Vestibular Migraine.

These include:

- Visual problems (flashing lights, zigzag patterns and blind spots).
- Dizziness, spinning, vertigo or sensations of motion.
- Stiffness or a tingling sensation like pins and needles in your neck, shoulders or limbs.
- Problems with co-ordination- you may feel disorientated or off balance.
- Difficulty speaking.
- Loss of consciousness- this only happens in very rare cases and should be confirmed as part of a migraine syndrome by specialist neurologist.

Symptoms typically start between 15 minutes and one hour before any headache begins. Some people may experience spinning, vertigo or aura symptoms with only a mild headache or no headache at all.

What causes Vestibular Migraine?

We are developing knowledge about the exact mechanism of migraine all the time. There is some evidence to link changes in the chemicals of the brain. In particular, levels of a type of chemical called serotonin decrease during Migraine.

What are the medications commonly used for migraine prevention?

- Blood pressure medications (e.g. Propranolol, Bisoprolol, Candesartan).
- Antidepressant medications (e.g. Nortriptyline, Amitriptyline).
- Anti-epileptic medications (e.g. Topiramate).
- Antihistamines (e.g. Cinnarizine, Pizotifen).
- Selective Serotonin Reuptake Inhibitors (SSRIs) and Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs) (e.g. Venlafaxine, Sertraline, Duloxetine).

This list is not exhaustive and no drug is entirely free of side-effects or potential adverse problems. If you experience a worrying problem with a new drug it is advisable to consult your doctor or local pharmacist for advice. These medications have all been shown to help significant numbers of people with chronic or frequent migraine.

What are the foundations of good migraine management and how can I prevent a migraine?

- **Do not** take painkillers/ acute attack medication daily. (Use less than twice a week maximum).
- No or limited amounts of caffeine and alcohol e.g. tea/coffee/chocolate etc.
- Maintain good hydration, 2-3 litres of water daily.
- Have regular and consistent meals times.
- Maintain good sleep behaviours 7 days a week and a regular sleep pattern.
- Avoid sleeping in, go to bed and get up at the same time 7 days a week. Develop healthy habits to support a good nights sleep.
- Go for a walk or cycle 4-5 x weekly for 20-30 minutes with moderate exertion and add head movements with visual targeting of different things in the environment.

If, when the above foundations are in place, you still experience migraine attacks which are frequent and severe, preventative medication maybe advised.

This can make the blood vessels in the brain spasm and narrow. A complex system within the brain links the neck and cranial nerves to migraine. There is some evidence to suggest a trauma or genetic link to some types of migraines.

Migraine is so common you may know someone in your family who has migraine. People who are prone to Vestibular Migraine may have certain triggers which cause the brain to get hyper excited and release chemicals which can result in symptoms such as dizziness and imbalance.

Vestibular migraine can co-exist with other headache disorders. The most common triggers include:

- Fatigue.
- Changes to the weather.
- Hormonal triggers e.g. menstruation, pregnancy or menopause.
- Emotional triggers e.g. stress, tension, grief etc.
- Physical triggers e.g. poor sleep, travel, shoulder and neck tension etc.
- Dietary triggers e.g. Dehydration, irregular eating patterns and fluctuating blood sugar levels.
- Alcohol.
- Excess caffeine (tea, coffee, hot chocolate, green tea, cola, energy drinks, chocolate etc.).
- Environmental triggers e.g. bright lights, flicking screens (TV/ computer), smoking, loud noises, changes in climate, strong smells etc.

- Environmental triggers e.g. bright lights, flicking screens (TV/ computer, phone), smoking, loud noises, changes in climate, strong smells etc.

- Medicines e.g. certain sleeping tablets, contraceptive pill, HRT, Pain relief e.g. paracetamol, codeine, morphine etc. when taken more than twice a week.

Evidence for food triggers is poor and excluding a high number of foods is not recommended.

However, some people prefer to keep a food diary and look for a link to particular triggers over a short period of time.

How is the diagnosis made?

There is no specific test to diagnose Vestibular Migraines. The international headache society has a list of diagnostic criteria, which guide the diagnosis. You will have a physical examination to check your vision, coordination, strength, reflexes, sensations, balance and positional tests.

These checks will be carried out to make sure there are no other underlying conditions causing your symptoms. You may have a scan to rule out any other causes but this is not always necessary.

Seek urgent treatment if:

- You have your first severe headache that comes on suddenly (within one or two minutes).

- You have a severe headache with fever, sickness and possibly a rash.

It is important to seek urgent treatment if:

- You have a severe thunderclap headache that feels like the worst you have ever had and reaches maximum intensity in less than 5 minutes, phone 999.

- You have any scalp or temple tenderness or jaw pain on chewing with dizziness seek urgent assessment.

- You develop speech or swallowing difficulty or unable to move your limbs

Vestibular Rehabilitation and balance exercises can be given at low doses and progressively increased within a person's tolerance although we have limited evidence it has been observed to help.

They can help desensitise and recalibrate the balance system especially if there is a balance organ component to the dizziness. In cases where people are visually sensitive (visual vertigo) certain environments can trigger dizziness and balance symptoms e.g. supermarkets, lifts, shopping centres, stadiums, theatre, travelling on escalators etc. In these circumstances tailored visual exercises and desensitization or sensory re-weighting programs can be given to help reduce symptoms.

Acupuncture has been proven to help reduce the severity and frequency of migraine attacks too.

Moderate exertion exercise including weight training, daily walks or cycling for 20-30 minutes, 3-4 times a week minimum, has been shown to be as effective as medication at reducing migraine frequency, duration and severity.

To help with the diagnosis, it can be useful to keep a diary outlining your migraine attacks for a 2-3 month period only. Write down details, including the date, time and what you were doing when the migraine began and what happened for 24 hours before.

It is also helpful to make a note of the food you eat as this can help identify any potential triggers unique to you. A diary can be downloaded from the Migraine Trust website or the Walton Headache Centre.

headache-the-walton-centre-headache-diary-newpdf.pdf

How do you treat Migraine?

If you have symptoms less than 15 days a month it is classed as an Episodic Vestibular Migraine and if you have symptoms more than 15 days a month it is classed as a Chronic Vestibular Migraine. Vestibular Migraines have different treatments depending on whether they are episodic or chronic.

There is currently no cure for migraines. However, a number of treatments can be used to ease the symptoms. Successful management of chronic migraine depends on getting the foundations right. This should be a long term plan and needs to be done consistently to get the best results.

What should I do during an attack?

- Implement your acute attack strategy as early as possible: Hit the migraine fast and hard.
- Most people find sleeping or lying in a darkened room is the best thing to do when having a migraine attack or they start to feel better once they have been sick.
- Eating something may help (like a rich tea biscuit).
- Drink 1-2 pints of water.
- The application of ice/ heat packs to your head or neck may also help. Evidence suggests cold is better than heat but do whatever makes you feel better.

Certain medications may help ease symptoms during an attack however they should only be taken less than 2 days a week maximum otherwise they can cause ‘Medication Overuse Headaches’.

These medications include:

- Painkillers like Paracetamol and Aspirin.
- Triptan medicines e.g. rizatriptan, sumatriptan etc.
- Anti-inflammatory medicines e.g. Ibuprofen, Diclofenac, Naproxen should you be able to tolerate them.

NB. do not take ibuprofen if you have, or have had in the past, stomach problems, such as a peptic ulcer, or if you have liver or kidney problems

- Anti-sickness drugs and over the counter combination medicines are available at your local Pharmacy. Ask your prescriber or pharmacy if you are not sure which medication is most suitable for you.

Avoid codeine and opioid related medicines for acute attack or prevention of migraines.