

Managing Migraine

How to
Prevent and Control
Migraine Headaches

**DVD
INSIDE**



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ORTHO-McNEIL
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Managing Migraine

How to

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Introduction

Do you suffer from migraines? About 28 million Americans do. If you're one of them, you know just how painful and disabling a migraine can be.

Fortunately, you can do a lot to help prevent migraines or reduce your pain during a migraine attack. Many people can lower their risk of a migraine by simply avoiding stress, getting enough sleep, eating regularly, and—for some people—avoiding alcohol and certain foods. There are also medications you can take to help prevent migraines so you can get fewer of them, if lifestyle changes aren't enough.

In this DVD and book, you'll learn to recognize migraines. You'll read about what's going on inside your head before you actually experience a migraine. You'll learn what stresses, physical conditions, foods, and other factors can trigger migraines—along with how to decide which of those factors may cause your own migraines. And you'll find out how to take charge of your migraines so that you can help prevent their onset—and, get fewer of them.

As you review these steps in the following pages, ask yourself how closely you already follow the advice, and what more you would have to do to help prevent migraines. Do you manage stress well? Get enough sleep? Eat regularly? Avoid alcohol and certain foods that bring migraines on?

When it comes to migraine, unfortunately, there are no miracle cures. Like arthritis or diabetes, it's a chronic condition. But it can be controlled. If you start following these steps now, the chances are that you'll be able to prevent—or reduce—at least some of those painful migraines.

You've suffered from migraine attacks long enough. Now it's time to fight back!

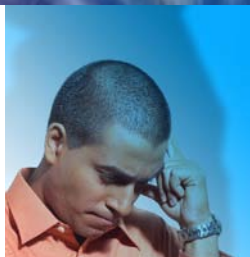


Many people can lower their risk of a migraine by simply avoiding stress, getting enough sleep, eating regularly, and—for some people—avoiding alcohol and certain foods.

1

What is a Migraine?

The glib answer would be that you know it when you feel it. But there are several different kinds of migraines, each with slightly different symptoms.



In general, a migraine is a very bad headache that tends to come back. It may occur as often as several times a week or only once every few years. It can last anywhere from a few hours to 3 days.

The pain usually begins in the morning, on one side of the head. (In fact, the word *migraine* is derived from a Greek word that means “half-head.”) Less frequently, the entire head is swallowed up by pain.

The amount of pain can vary. Some migraines can be fairly mild, while others seem almost unbearable. Obviously, the worse the pain, the more trouble you have carrying out daily activities, whether it’s going to work or simply getting out of bed. Of course, different people have different abilities to put up with pain. For some people, even a mild migraine can force them to lie down; others are able to work through a more severe migraine.

With either type of headache, you may have prominent sinus symptoms. In fact, most people who think they suffer from sinus headaches may actually have migraine headaches. Other symptoms may include nausea and abdominal pain. You might vomit or have diarrhea. That’s why migraine is often known as a “sick headache.”

In addition, you may be very sensitive to bright lights, noises, and even smells when you have a migraine. Moving around, especially making rapid movements of the head, can make your headache feel worse.

Two types of migraines

While there are many variations, there are two main types of migraines:

- *Migraine without aura* (previously called common migraine). Almost 80 percent of migraine sufferers have this type of migraine.
- *Migraine with aura* (previously called classic migraine). This type of migraine announces itself about a half-hour before the onset of head pain with an aura. Aura is usually a visual disturbance that lasts about 15 minutes. If you have a visual aura, the most common aura type, you may see flashing lights, bright spots, or zigzag lines; or you may temporarily lose part of your vision. Other types of auras may include numbness or tingling in the hand, tongue, or side of the face, or weakness in one arm.

With or without aura, **migraines typically go through three stages**. There’s the period leading up to the migraine, called the preheadache or “prodrome.” Then comes the period of peak migraine pain. Finally there’s the 24-hour period following the migraine, called the postheadache or “postdrome.”

During the preheadache period, you may experience a change in mood or appetite; you may have food cravings, especially for carbohydrates, candy, or chocolate. Other possible symptoms include fluid retention, increased thirst, or frequent need to urinate. Sometimes you’ll have gastrointestinal symptoms, such as abdominal bloating, stomach rumbling, or constipation. Some people find that their scalp becomes more sensitive.

Symptoms vary once the migraine has passed and you enter the postheadache period. You may feel sleepy or depressed—although some people have the opposite experience, reporting feelings of joy or intense happiness. You may find that your ability to concentrate is poor, your physical energy is low, and you yawn frequently.

Is it a migraine? Think **“POUND”**

How can you tell that you’re having a migraine rather than just a severe headache? Remember the word “POUND.” Each letter stands for an important migraine symptom:

- P** **Pounding**—how a severe migraine feels;
- O** **One day**—the length of time most migraine headaches last;
- U** **Unilateral**—meaning that most migraine headaches are felt on only one side of the head;
- N** **Nausea**—many migraine sufferers have nausea and vomiting with their headache; and
- D** **Disabling**—many patients with migraine headaches must lie down until the headache is over.

If you have 3 or more of these symptoms, it’s nearly certain that you’re having a migraine.

Talk to your doctor

If you are having troublesome headaches, talk to your physician about migraine. Don’t wait for the pain to become more severe.

What will happen at the doctor’s office? There is no test that diagnoses a migraine headache. Instead, your doctor will rely on your description of your headaches. He or she will also perform a neurological examination, including tests of hearing, vision, coordination, muscle strength, reflexes, and ability to feel. In most cases, X-rays are not needed to make a diagnosis.



If you are having troublesome headaches, talk to your physician about migraine. Don’t wait for the pain to become more severe.

2 What Causes Migraines?

No one knows exactly why migraines happen. However, experts believe that there is probably an abnormal electrical discharge from deep in the brain that leads to the release of a variety of chemicals that can cause migraine.

What starts this chain of events? Migraine may happen for no apparent reason at all, or may be “triggered” by a number of conditions. These include:

- Psychological factors, especially stress
- For women, hormonal factors/changes (see page 15)
- Certain types of foods
- Medications you may be taking
- Physical events (like a blow to the head)
- Environmental triggers



One trigger by itself may not cause a migraine. But when 2 or more triggers occur at the same time—someone laboring under an urgent work deadline, say, takes a glass of red wine—it may set off a migraine. The more triggers that are present at a time, the likelier it is that a migraine will occur.

Most headache researchers now believe that heredity plays a major role in who is likely to get migraines and who is not. In some studies, at least 60 percent of people who had migraines reported having close relatives—usually a mother—with the same problem. But your migraines probably won't be caused by the same triggers that set off your relatives' headaches. Theirs may have been triggered by a combination of environmental and physical factors, for example, while yours may be related to foods you eat or medicines you take.

While it's impossible to avoid all triggers all the time, it may be possible to avoid those triggers that set off your migraines. Each person has a different set of triggers. As you learn to keep track of your migraines, you'll be better able to identify what triggers them.

Psychological triggers

For people who get migraines, the headaches often occur when they're feeling stressed. It's also common to get migraines after the stress has lessened. This is sometimes known as a “letdown” or “weekend” migraine: You work flat-out at a major task and, just as it's completed and you're about to relax, a migraine comes on. Or you've worked hard all week and, come the weekend, you start to relax. That's when the pounding begins.

When this happens, of course, there may be multiple triggers: You're reacting not merely to stress, but also to changes called for by your work schedule. Maybe you didn't get enough sleep, or snatched sleep when you could, so you're fatigued. Probably your meal schedule was disrupted, too.

Food triggers

Fewer than 30 percent of migraine sufferers identify foods as triggers. To be considered a migraine trigger, the food must trigger a typical migraine headache within 24 hours of the time it's consumed, and it must do that more than half the time that the food is eaten.



Many experts believe that eating certain foods causes changes in brain concentrations of chemicals that set off migraine headaches, but not all experts agree about the role of food and dietary limits in the prevention of migraine headache. You will need to discover if there is a relationship between foods and headaches for yourself.

It's important to remember that everybody reacts differently to different foods—hence the saying, “One man's meat is another man's poison.” Some of these foods may bring on a migraine for you, while others will have no effect. Just as importantly, many times a well-recognized food trigger will not bring on a migraine headache. Many migraine sufferers note that it can take the occurrence of many triggers at one time to bring on a migraine headache.



- **Alcohol triggers.** Alcohol is easily the most common food trigger. And of alcoholic beverages, red wine has received the most attention as the leading culprit, but even beer can trigger migraines in some people.

- **Aged cheese.** Beware of the blue cheeses—Roquefort, Stilton, Gorgonzola—as well as aged cheeses like Parmesan. Even aged sharp cheddars can trigger a migraine.



- **Coffee and other caffeinated drinks.** When it comes to migraine, caffeine is a double-edged sword. It can actually reduce headache pain—especially at the beginning of a migraine. On the other hand, if you drink a lot of coffee and suddenly quit, you could well develop migraine pain.



- **Food additives.** Certain food additives may trigger headache in susceptible people, with a number of additives thought to be responsible, including monosodium glutamate (MSG), aspartame, phenylethylamine, nitrates, and tyramine.



- **Processed meats.** Luncheon meats such as bologna, as well as some hot dogs, sausage, and bacon, can trigger migraines. Typically, processed meats contain food additives and preservatives.

- **Citrus.** Oranges, grapefruits, lemons, limes, pineapples, and their juices can trigger migraines.

However, you usually don't have to worry about a small amount, like a twist of lemon in your iced tea.



Medication triggers

Some drugs are believed to trigger migraine. However, even if you think that one of these drugs is causing your migraines, you should check with your doctor before you stop taking it.

Vasodilators. Certain vasodilators, generally prescribed to lower blood pressure, and drugs designed to ease chest pain, such as nitroglycerin, can bring on headaches. However, the headaches associated with these medicines are probably not migraine headaches, because they tend to come on shortly after starting a new medication and tend to disappear the longer one takes them.

Physical triggers

Did you ever get hit in the head—playing a sport, for example, or in a car accident—and get a terrible headache? Scientists don't know exactly why, but a blow to the head can result in a migraine.



Another obvious physical cause is intense physical pressure on the head—sometimes known as “goggle migraine,” because some swimmers develop it after an hour or two in the water. Air crews flying at high altitude have also reported migraine symptoms a few minutes after descent.

But with most migraines that are triggered by physical factors, it's harder to draw a line between the cause and the effect. Perhaps you got a migraine because you slept only a couple of hours last night, but maybe it was something you ate. On the next page is a list of physical factors that are often linked to migraine. (Physical factors unique to women—menstruation, pregnancy, and menopause—are discussed on page 15.)

- Too much or too little sleep, napping, or irregular sleep patterns
- Skipped meals or an irregular meal pattern
- Fatigue
- Smoking
- Physical activity. Exercise can be a great way of relieving stress—and preventing migraines. But over-exertion, particularly if you're not used to vigorous exercise, can also trigger migraines.



Environmental triggers

Environmental triggers can be the hardest to detect because they're the most subtle. A change in the weather or a whiff of a certain fragrance can bring on a migraine. Leading environmental triggers include:

- Sudden weather changes, including a drop in barometric pressure or changes in temperature, humidity, or wind
- Loud noises
- Perfumes or fumes
- Secondhand smoke
- Exposure to glare or flickering lights



Women and migraines

Women are 3 times more likely than men to get migraines. What's more, women's migraines often seem timed to events that are hormone related, such as pregnancy, menopause, and menstrual cycles. That's why, although the research is not conclusive about the role of hormones in migraine for some women, it's widely believed that there is a connection.

Here's a list of the events in women's lives during which hormone levels fluctuate—and during which migraine symptoms may be triggered or reduced:



- **Menstruation.** Women sometimes have monthly migraine attacks at specific points in their menstrual cycle. It may be just before their periods, during their periods, or at midcycle, during ovulation. These are called menstrual migraines.
- **Pregnancy.** Pregnancy can be a particularly blessed event for women who get migraines. That's because some women get relief from migraines during pregnancy, especially during the second and third trimesters. However, for others, pregnancy is the start of their migraines, or they worsen during this time.
- **Menopause.** A woman's natural level of estrogen falls off sharply with menopause. As a result, many women who have menstrual migraines find that their migraines become less frequent and less severe after menopause. While they're going through menopause, however, their migraines may sometimes be worse as their bodies cope with fluctuating hormone levels.

3 How You Can Manage Migraines

In the previous section we've listed many of the factors that can trigger migraines. It's a long list. But the good news is that, **for everything that triggers a migraine, there's a measure you can take to help prevent that migraine from happening.**

Before you tackle those triggers, however, you must first make sure you know what they are. Is it red wine? Bright lights? Your co-worker's perfume? Or a combination of factors? If you're not sure, start keeping a log of your migraines.



Keep a headache journal.

On page 18 is a sample page of a headache journal. **You'll record information about each of your headaches.** Is it always on the same side of your head? Does it occur mostly on weekends? How long does it last? Note any other symptoms that you experience during your headaches.

You'll also grade the severity of your headache using a 10-point scale, where "10" is the worst pain you have ever experienced. Were you able to work through your pain? Did the headache get in the way of your daily routine? Did it reduce your productivity? Did it get in the way of your ability to enjoy time with family or friends? Or was it so bad that you had to miss a day of work or school?

If you're already taking medication for migraines, be sure to include in your headache journal your response to the medication and any side effects. The input you provide can be the best guide to finding the medication that's right for you.



**Did the headache get in the way of your daily routine?
Did it get in the way of your ability to enjoy time with family or friends?**

All of this information may help you get a handle on what's causing your migraines and help you gain more control over them in the future. For instance, if the journal helps you realize that red wine triggers your migraine, you can be more careful to avoid it—or, if you go ahead and drink some wine, you can take precautions to avert a migraine or take steps to reduce the pain. **A headache journal is valuable** because once you understand your specific migraine pattern, there are solutions that you and your doctor can use to manage your migraines more effectively.

Making lifestyle changes

Obviously, it's easier to avoid some triggers than others. You may not have any problem cutting pickled herring out of your diet, for example, but you're unwilling to give up other foods. And we all know how hard it is to avoid stress! But once you realize what you'll gain, you'll find the motivation to make changes—and prevent that migraine pain.



If you've inherited a tendency to get migraines, you can't do anything about your genes. But you can make changes to your lifestyle to eliminate or reduce factors that may be triggers for migraines. In this section, we review each of the trigger categories and suggest steps you can take.

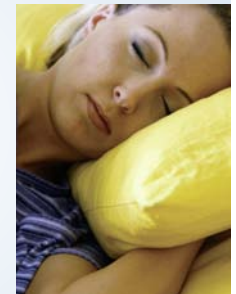
Perhaps the most important area to tackle is stress. Obviously, that's not something you can eliminate from your life. We're all faced with stress—at home, at work, in personal relationships. Some of the habits listed below, particularly exercise, are good stress relievers.



If those changes aren't enough, there are other methods you can try to control the stress in your life and also to fight the pain of migraine when it starts. Relaxation training is often effective. You may want to get help from a psychologist or other specialist to develop these skills, which are widely used to fight pain.

Sometimes it's enough to exercise regularly and avoid fatigue. Here are some simple habits that could get rid of migraine triggers:

- Try regular exercise such as swimming or brisk walking.
- Get a good night's sleep.
- Eat regular meals.
- Avoid environmental factors, such as glaring lights or perfumes, which may have triggered your migraines in the past.
- If you smoke, stub it out! And try to avoid secondhand smoke.



Cut food triggers out of your diet

Of all the categories of factors that trigger migraines, the list of foods is probably the longest. In many ways, however, it's also the most manageable. There's nothing on this list that you absolutely need to survive. And in many cases, you can find a perfectly satisfactory substitute for a food that may be contributing to your migraines.



First, you need to determine which foods affect you. Use your headache journal to explore possible relationships between the eating of certain foods and headache.

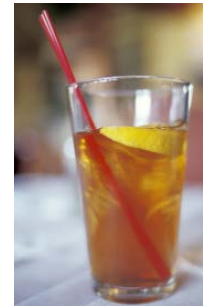
Remember that in order for a food to be considered a migraine trigger, it must be responsible for starting a typical migraine headache within 24 hours of the time it was eaten, and do that more than half the time it is eaten. It's important to avoid incorrectly blaming certain foods for migraine headaches and starting an unnecessarily limited diet, which could do more harm than good.

Sometimes, for example, people who have a migraine coming on develop a craving for sweets and may eat a chocolate bar—or two. When they get a migraine the next day, they naturally blame it on the chocolate. In fact, it **may be that the desire for chocolate only signaled that a migraine was approaching**, and the chocolate was not the cause of the migraine. While chocolate triggers migraine for some people, it may have no effect on others—and some people report that chocolate, which contains a caffeine-like substance, actually gives them migraine relief!

When foods lead to migraines...

Use your headache journal to identify likely food triggers. After you have an idea of the foods that may trigger your migraines, your next step is to make sure that you avoid those specific foods—at least when you're very migraine prone. It may not be necessary to avoid your triggers all the time.

1. Find substitutes. There may be nothing like red wine, but you can probably find substitutes for lots of the foods on your banned list. Let's say that you love cheese, but you get migraines from the blue-veined stuff. Try other cheeses. Caffeine a problem? The stores are stocked with decaffeinated coffees and herbal teas. Do oranges trigger migraines? Eat other fruits as well as vegetables, and take vitamin C if needed.



2. Read labels. If you know certain food additives are a migraine trigger, make labels your regular reading material. You'll be surprised to find out how many food additives are used. Sulfites, for example, can pop up in soft drinks, French fries, precut or dehydrated potatoes, shrimp, soup mixes, baked goods, jams, canned vegetables and vegetable juice, dried fruit, beer, wine, and tea. On some labels, monosodium glutamate (MSG) may be listed as hydrolyzed vegetable/soy/plant protein, yeast extract, autolyzed yeast, "broth," "stock," or "natural flavorings." Again, rather than automatically avoiding the food that contains the additive, look at your headache journal to find out if that food usually brings on a headache.



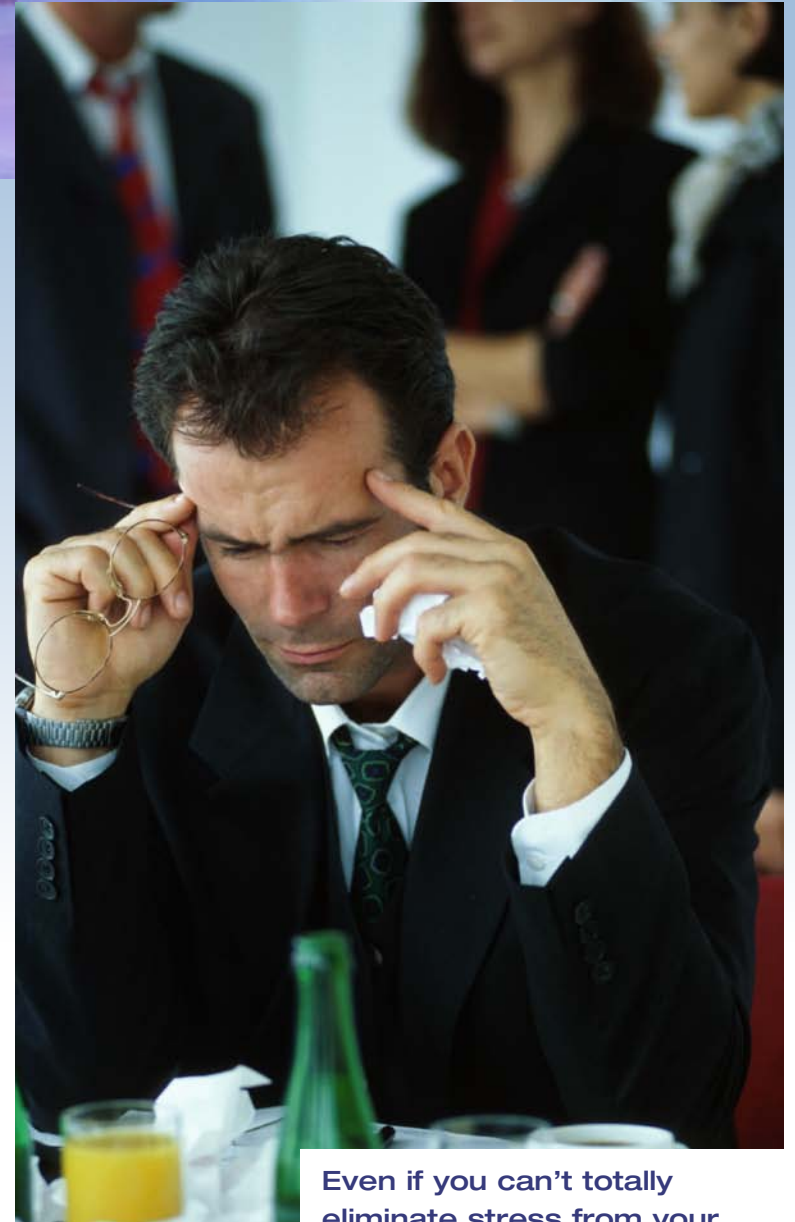
3. Ask questions. The only way to avoid certain food triggers is to know exactly what you're eating. If you're eating out, don't hesitate to ask the waiter how a dish is prepared. It may contain trigger ingredients. If you're eating Chinese food, ask the restaurant if they can prepare it without MSG. Be aware that many restaurant employees won't always know the exact ingredients of the food they're serving—particularly when, as in the case of fast food or airport food, it's all prepared in advance. The same goes for salad bars.

Go through your medicine chest

You may also need to review your medication—particularly if you've recently added a new drug and have noticed that you're getting headaches shortly after taking it. However, before you make any changes, it's important to check with your doctor.

In some cases, there are substitutes you can make in medicines. If, for example, you're a woman taking birth control pills, you may be able to change to a lower estrogen pill, or to a different method of contraception, to see if your headaches go away.

For migraine sufferers, there may be additional reasons to reconsider the use of birth control pills. A recent study found that young women who have migraine with aura have a higher risk of stroke than women who don't have migraines. Taking birth control pills may further increase the risk.



Even if you can't totally eliminate stress from your life, reducing stress can go a long way toward managing your migraines.

4 Medications for Managing Migraines

You won't always be able to prevent a migraine by avoiding migraine triggers. But don't worry. There are medications that can help you prevent migraines, to get fewer of them, or manage the pain if one occurs.

In fact, there are many different migraine medications on the market. Some of them were developed for other conditions, such as depression, high blood pressure, or epilepsy, but have been found to help with migraine. Which medications you take depends on many factors—the time of day or night that the attack occurs, how bad your migraine is, and any other health issues you may have, such as heart disease, asthma, high blood pressure, or pregnancy. In this section, we'll discuss the categories of medications used to manage migraines so that you can work with your doctor to select the ones that are right for you.

Basically, migraine medication involves three different types of treatment:

- **Treating** migraine attacks
- **Rescue** medications
- **Preventing** migraine headaches



Treating migraine attacks

Medication that you take to treat migraine attacks should meet several tests:

1. It should treat the attack rapidly and consistently to relieve pain and prevent the migraine from coming back.
2. It should bring back your ability to function.
3. It should help you avoid rescue medications, which can have more severe side effects.
4. It should have very few or no side effects.

What medications work for migraine attacks? For some people, a simple over-the-counter (OTC) anti-inflammatory drug such as aspirin or ibuprofen will do the job. But other people find that even if they take one of these mild pain relievers, their migraines may get worse. When they finally take a prescription medication to treat the migraine attack, it's too little, too late. If you can sense that a migraine is coming on—and many people can—then it's wise to treat your headache *immediately* with a medication that your doctor has prescribed for you. These prescription medications include a group known as **triptans**. A compound called **dihydroergotamine** may also be prescribed, as either a nose spray or in an injectable form.

It's important that you don't overdo these treatments. Overusing almost any medication that is used to treat the migraine attack may result in daily rebound headaches—headaches that return once you stop taking medication. Your headache journal and your physician should help you decide if your headaches are your usual migraines or are medication induced.

To help prevent rebound headaches, experts recommend limiting these medications to one or two times per week. Let your doctor know if this isn't enough to relieve your symptoms.

Rescue medications

What if your migraine doesn't go away within a couple of hours of taking your medication? And the pain seems unbearable? That's where rescue medications come in.

Rescue medications often don't get rid of the pain completely. However, they do provide enough relief so that you probably won't need to rush to the doctor's office or the emergency room. Rescue medications work best when your doctor provides a written plan on when and how to take them.

Rescue medications are often opioids—narcotic pain relievers. They knock out your pain, but they can also make you very drowsy and often increase your nausea. And, as with other headache medications, frequent use of narcotic medicines may lead to daily rebound headaches. In addition, they can become addictive. For these reasons, rescue medications are medications of last resort.

Preventing migraines

Once you and your doctor have determined how to treat your migraine attacks, you need to think about preventive medication. You should strongly consider preventive medication if any of the following statements applies to you:

- You have 2 or more attacks each month that leave you disabled for 3 or more days each month.
- You have recurring migraines that, in your opinion, significantly interfere with daily routines, despite medications you use to treat the attack.
- You're taking medication for attacks more than twice a week.
- Your medication isn't working or it's causing intolerable side effects.
- You're having migraine symptoms that are a concern to your doctor.

Preventive medications that have been proven to be effective include beta-blockers (drugs normally used to treat high blood pressure), tricyclic antidepressants, and certain anti-convulsant medications (drugs to treat seizures). Hormone therapy may help some women whose migraines seem to be linked to their menstrual cycle.

Warning: If you're pregnant, you'll probably have to give up most migraine medications. If your migraines don't respond to nondrug remedies such as relaxation, your doctor may prescribe certain medications that are safe to use during pregnancy. If you're breastfeeding, there are a number of medications that can be taken safely. Check with your doctor.



There are a number of drugs that are highly effective against migraine. Talk to your doctor about medications that can help prevent migraines or relieve or cut short migraines when they occur. Your doctor may try several medicines with different doses until you find one that works for you.

The motto is, “Start low, go slow.” Your doctor will likely have you start with the lowest effective dose and increase gradually, as needed. It can take a few months before you see the results of preventive medication, so be patient. Once you find one that works, you will need to take it daily even though your migraines don't occur that often.



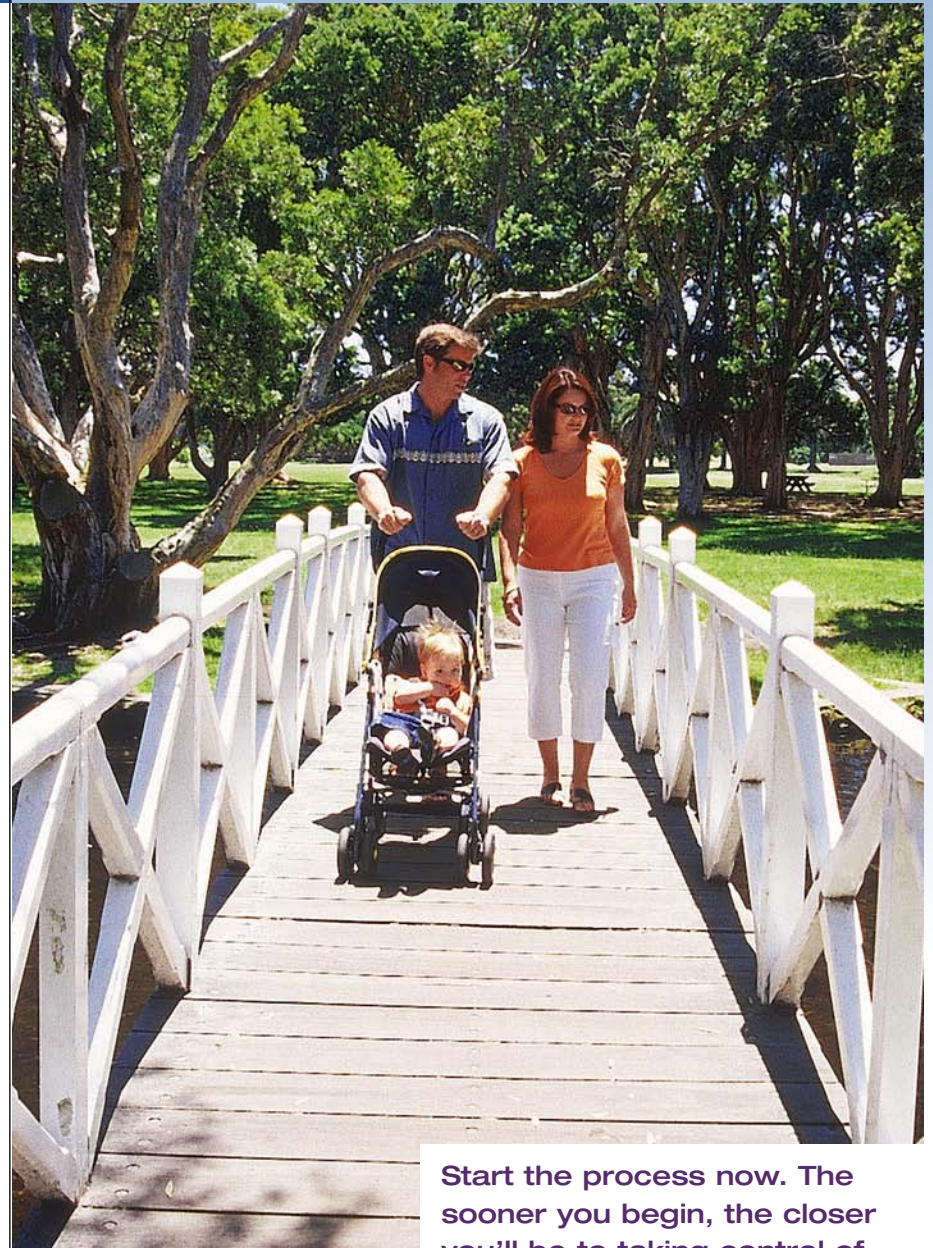
5 Moving Ahead

You're to be congratulated! By watching the DVD and reading this book, you've shown a commitment to take control of your migraines.

Now you need to take action. Go back to the second section and review the possible triggers of migraine. Think about whether any apply to you. Then turn to the sample page of the Headache Journal on page 18. Using this as your guide, start keeping a diary of your migraines, when and how they occur, and whether they respond to treatment.

If you're not already working with a doctor, it's time to start. Find a physician and schedule a visit. When you go in, it's a good idea to have in hand a list of your questions, as well as your headache journal. That will provide a good basis for finding medications to prevent and treat your migraines.

Start the process now. The sooner you begin, the closer you'll be to taking control of your migraines—and of your life!



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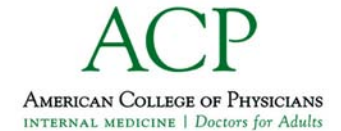


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Special Thanks to:

Adam West



Summer Sanders



Managing Migraine

DVD
INSIDE

How to

Prevent and Control Migraine Headaches

If you're one of the approximately 28 million Americans who suffer from migraines, you know just how painful and disabling a migraine headache can be. But you don't have to take it lying down.

This DVD and guidebook offer steps you can take to prevent migraines or reduce your pain during a migraine attack. The DVD features Olympic medalist and broadcaster Summer Sanders and actor Adam West, who know about migraines firsthand. You'll also hear from leading neurologists and headache specialists who will discuss the science behind migraines.

This program will help you:

- Learn to recognize migraine
- Find out what factors trigger your own migraines
- Lower your risk of migraine
- Talk to your doctor about migraine medications

Migraines can't always be prevented, but they can be managed. It's time to take control of your migraines—and your life!

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