The City of London Migraine Clinic Newsletter

JULY 2011

Welcome to the July instalment of the City of London Migraine Clinic's newsletter. This month, Dr Jud Pearson talks about Migraine in older patients, a subject that is often overlooked. We also say farewell to our Medical Director, Professor Anne MacGregor who after 23 years at the Clinic, will be moving on to pastures new, however she leaves us with some interesting conclusions from recent research studies.

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1. Managing Migraine in Older Patients.

Migraine is a common complaint in all age groups, but the diagnosis and treatment in an elderly population require special consideration.

Whilst migraine begins to resolve in the 5th and 6th decades of life in around 40% of sufferers, it is still a common complaint in the elderly. There is a dramatic reduction in female prevalence after the menopause, reflecting a strong hormonal component in many younger women. In young and middle aged population studies, the female to male ratio is 3:1, dropping to 2:1 after menopause.

The elderly have a higher prevalence of headaches due to structural causes, the commonest cause being neck (cervicogenic) headache. However, migraine is still the most frequent type of headache among the elderly in general. In patients whose age at onset of headache is over 60 years old, tension type headache is the most frequent diagnosis.

Diagnosis of migraine is largely clinical, based on the history of a severe, disabling, intermittent headache, with well periods between attacks. There are often associated features, including nausea and vomiting, vertigo, and sensitivity to light, noise and smells. However, the history may be less typical in an elderly patient. A lower proportion of migraines are reported as one sided in the elderly

population, or with associated symptoms (nausea, vomiting, and sensitivity to light or noise). Other symptoms such as paleness, dry mouth, and loss of appetite are more common in the elderly.

It is common for the different migraine symptoms to change over time. Patients will describe changes in the intensity of headache, severity of nausea and vomiting, frequency and duration of attacks. During ageing, migraine with aura attacks may lose the headache element, so that only visual aura symptoms remain. This does not pose a great diagnostic problem, when the patient also suffers or has suffered from migraine with aura, but uncertainty arises when these phenomena occur for the first time in a patient without headache. In such a case, extensive search for other (vascular) causes is needed before one can diagnose the phenomena to be migrainous. Only after investigations are unremarkable, and when the symptoms are typical of migraine aura, may they be called 'migrainous.'

New onset of migraine above the age of 50 is not rare. A Scandinavian study found that 19% of women with migraine without aura had an age at onset of older than 50 years of age. However, there are few patients who develop new-onset migraine after the age of 60. When a patient in this age group develops migraine-like headache, an underlying disease must always be ruled out.

Diary cards are invaluable in aiding diagnosis. Samples can be downloaded from The City of London Migraine Clinic website (www.migraineclinic.org.uk). A brief but full neurological examination should be carried out by the doctor to help exclude other causes of headache.

Older patients are more likely to suffer other conditions as well which pose particular challenges in treating migraines.

Firstly, the symptoms of migraine itself can cause particular problems in the elderly. Migraine is commonly associated with dizziness symptoms, and in the elderly this can increase the risk of falls and fractures. Severe vomiting may cause dehydration.

There are also several diseases that occur more often in association with migraine than expected by their prevalence in the general population. An example is ischaemic stroke, which has been associated with migraine with aura in young women in several case-controlled studies. Therefore, elderly patients with migraine with aura should have their vascular risk factors assessed annually. Most GPs are happy to check blood pressure, blood sugar and cholesterol levels.

There is an association between migraine and depression in all age groups, with a greater likelihood in elderly migraineurs. This can influence the patient's perception of pain intensity and disability from migraine. It may also influence treatment choices.

When managing migraine, it is always important to identify trigger factors. Avoidance of these can significantly reduce the number of attacks. They usually act in combination, building up to a threshold, and triggering the attack. By noting potential triggers every day and keeping them to a minimum, it is possible to reduce the frequency of migraine attacks.

Going too long without eating or drinking are major triggers for migraine. Maintaining stable blood sugar and hydration by eating and drinking regularly throughout the day can be very effective at preventing attacks. Ideally, we recommend a snack every 3-4 hours and at least 1 litre of fluid

daily. The early morning migraine attack is often brought on by an early evening meal and subsequent fall in blood sugar overnight. This can be avoided in many cases, by having a simple slow release bedtime snack.

Drug treatments need special consideration in the elderly as many older patients will already be taking medication for other complaints. Migraine medication needs to be individually tailored to reduce the possibility of side effects and interactions with other medicines. Your doctor at The City of London Migraine Clinic or your GP can recommend the most appropriate acute and preventive treatments.

2. Farewell to our Director of Clinical Research and Research Sister

It is with great regret that we announce the resignation of both our Director of Clinical Research Professor Anne MacGregor and Research Sister Alison Frith who will be leaving us at of the end of the month.

Professor MacGregor has been with the Clinic since 1988, starting out as a trainee headache specialist doctor and going on to be Director of Clinical Research in later years. In that time she has built lasting relationships with patients as well as becoming a world renowned researcher, producing numerous publications and speaking at events around the globe to better the understanding of the condition.

Alison Frith first came to the Clinic in 1999, with a year's contract covering a sabbatical for the previous nurse. That was 11 years ago! Since then she has become an invaluable member of the team working with Anne on a variety of groundbreaking studies. In her time with us she has written her own book 'Coping with Headaches and Migraine' which continues to be a favourite among migraineurs with its factual yet personal approach.

We would like to take this opportunity to thank both Alison and Anne for their hard work and dedication to the clinic and for improving the lives of so many through their writing, support and teaching. We wish them all best for the future.

We are interviewing Consultant Neurologists to take over as Medical Director and hope to have news of the successful candidate in next month’s newsletter.

3. Research Update

This month we report on the results of one of our clinical research studies for migraine. A big thank you to all our patients who participated. If you are interested in taking part in our research projects, please visit our website and complete the online form.

Study of a New Migraine Prevention Drug:
A randomised, double-blind, placebo-controlled,dose-rangingstudy to evaluate ADX10059 for the prevention of migraine
ADX10059 is a drug that modulates the brain chemical glutamate, thought to play a role in migraine attacks. This study undertaken in 2009, aimed to investigate effectiveness, safety and tolerability of ADX10059 when taken to prevent migraine attacks. In a previous study in patients who treated an acute attack of migraine, ADX10059 was shown to relieve the symptoms of the migraine attack.

Overall, 117 patients with moderate or severe migraine completed this study at centres throughout Europe. ADX10059 was given twice-daily at dose levels of 25mg, 50mg or 100mg for 12 weeks. Although ADX10059 was well tolerated, some study participants developed raised liver enzymes. This was detected in blood tests and as a result the trial was stopped early.

The results showed that ADX10059 was not effective for the prevention of migraine. When comparing the placebo (dummy) treatment with the active medication doses of ADX10059, there were generally no differences in: frequency, severity and duration of migraine attacks; ability to function; occurrence of migraine aura; additional requirement for medication to treat migraine symptoms or questionnaire scores assessing headache impact and anxiety and depression.
These results mean that ADX10059 will not be developed for migraine. As we want to find new treatments for migraine, it is disappointing if this happens in the clinical research process. However, finding out that a drug does not work well is still very important as it helps us to learn more about the chemical processes in migraine.

4. JOIN US! 5k Hyde Park Fun Run

A couple of members of staff are planning to take part in the Adidas 5K women's run in Hyde Park this September in aid of the clinic and we would love it if some of our supporters were prepared to take part too. Women of all fitness levels can take part whether you run, walk, or crawl this event promises to be a fun day out to support a cause close to your heart. The event takes place on 1st September and you can sign up online, entry is £15. See https://www.womenschallenge.co.uk/onlineentry/

5. Help us to Print our own T-Shirts!

We hope to print t-shirts with our new logo for fundraising events such as the 5K Challenge above and ask if anyone would be prepared t o print them for us, or if you don't have the capacity, to donate the money we would need to get it done elsewhere. We need no more than 20 in total and would be grateful for anything anyone could provide. Thank you.