INTERNATIONAL RESEARCH JOURNAL OF PHARMACY

www.irjponline.com ISSN 2230 – 8407

Research Article

MIGRAINE FACT SHEET: EDUCATIONAL MATERIAL FOR THE MIGRAINE SUFFERERS AND THEIR CARE GIVERS IN NIGERIA

Timothy SY[1]*, Bwala AY[1], Bashir HJ[2], Mava Y[3], Nyandaiti YW[4]

[1]Department of Pharmacology and Toxicology, Faculty of Pharmacy, University of Maiduguri, Maiduguri, Nigeria

[2]Pinecastle Hospital and Pharmacy Nig Ltd, Mafoni Ward, Maiduguri, Nigeria

[3]Department of Paediatrics, University of Maiduguri Teaching Hospital, Maiduguri, Nigeria

[4]Department of Medicine, University of Maiduguri Teaching Hospital, Maiduguri, Nigeria

Article Received on: 22/05/12 Revised on: 13/07/12 Approved for publication: 21/07/12

*E-mail: satiye2002@gmail.com

ABSTRACT

Migraine is markedly disabling medical condition and the problem is poorly recognized and majority of headache sufferers have not sought medical help even when their problem is severe. The aim of this study is to develop a fact sheet on migraine that can be useful in educating migraine sufferers and the community after evaluating the impact of migraine headache in North-Eastern Nigeria. One hundred migraine sufferers that met the International Headache Society diagnostic criteria for migraine and attends Neurology clinic, University of Maiduguri Teaching Hospital from May, 2007 to April, 2010 and from whom informed consent was obtained were evaluated for this disorder using a structured study questionnaire at which a developed fact sheet was issued to them. It is expected that the fact sheet once used appropriately would go a long way in reducing the negative burden of migraine by improving productivity and social functioning in our community.

Keywords: Migraine, Fact sheet, Nigeria

INTRODUCTION

Migraine is a type of headache associated with changes in the size of the arteries within and outside of the brain [1] resulting in the influx of some neuropeptides mediating the attacks of severe headache [2, 3]. Harmattan and high humidity usually experienced in Northern Nigeria triggers migraine headache [4] resulting in the negative impact on the quality of life, social functioning and productivity among the susceptible individuals [5]. The impact of these headaches on patients and their families is tremendous, with many patients reporting frequent and significant disability [6]. The migraine fact sheet (with translations in local languages) was designed and issued to migraineurs and their relatives in order to aid patient education as well as their communities in understanding this medical condition and its management. This material is expected be used for information purposes only and not to replace qualified medical advice. In developed countries where migraine fact sheet has been in used, several patients with migraine have benefited from it [7, 8, 9] and it is hoped that when used in Nigeria it will serve the same purpose. At the end of this study a fact sheet on migraine was designed and issued to each participating patient in order to help him / her and their communities understand the prevention and management of this medical condition.

METHODOLOGY

One hundred consecutive adult (18 years and above) patients that met the International Headache Society diagnostic criteria for migraine and had attended the Neurology Clinic of the Department of Medicine, University of Maiduguri Teaching Hospital, Maiduguri from May, 2007 to April, 2010 and from whom informed consent was obtained were evaluated for this disorder. The study was approved by the Research and Ethics committee of the Hospital. Pregnant women, patients with clinical evidence of an organic disease known to cause headache and those that declined to give their consent for the study were excluded. Personal interviews using a structured study questionnaire were conducted individually with the 100 patients. General, physical and neurological examinations were also conducted by the investigator to authenticate the type of headache present at which the pamphlet of migraine fact sheet was issued to the patient and patients relations.

REFERENCES

1. Gelfand JL. Migraine and Headache guide. In: http://www.webmd.com /migraines-headaches /guide /glossary-terms-headaches (2008). (15/07/2009) Page 1-18.
2. Bwala SA. Migraine: Pathophysiology and Drug Treatment. Nig Med Jour 1993; 25 (3): 81-86.
3. Moskowitz MA. The visceral organ brain: implications for the pathophysiology of the vascular head pain. Neurology 1991; 41(2): 182-186.
4. Goadsby PJ, Lipton RB, Ferrari MD. Migraine-current understanding and treatment. N Engl J of Medicine 2002; 346 (4): 257-270
5. Timothy SY, Kwanashie HO, Nyandaiti YW, Watila M, Mava Y, Sadiq GU. Maspalma DI, Bwala AY, Abdulsalam B. Impact of weather conditions on migraine headache in North-Eastern Nigeria. IJPPS 2011; 3 (3): 133-136
6. Timothy SY, Kwanashie HO, Nyandaiti YW, Watila Y, Maspalma DI, Anuka JA. Impact of migraine on the quality of life, social functioning and productivity in north-eastern, Nigeria. Sahel J. Vet. Sci 2011; 10(1): 63-67
7. National Headache Foundation. (2002). National headache awareness week: migraine fact sheet. In: http://www.headaches.org/professi/presskit/NHAW02/migrainefacts.html. (12 / 07/2004) pp 1-6
8. Silberstein, S.D., Lipton, R.B. and Goadsby, P.J. (1999). Headache in primary care. Oxford: Isis medical media; 2: 27-56.
9. MacGregor, A and Wilkinson, M. (1999). Family doctor guide to migraine and other headaches. London: *Dorling Kindersley*, 5: 25-45.

Table 1: Fact sheet on migraine

Features	Explanation
What is migraine?	Migraine is a complex condition with a wide variety of symptoms that is associated with changes in the size of the arteries within and outside the brain. The main feature of migraine is a painful headache.
Are there different types of migraine?	There are different types of migraine. The most common type falls into two categories; migraine without aura (common migraine) and migraine with aura (classic migraine)
What is aura?	Aura is a warning sign that migraine is about to begin, and usually occurs about 4 - 60 minutes before the onset of the migraine. The most common aura includes visual, numbness or tingling, weakness, dizziness and feeling of spinning (vertigo).
What causes migraine?	There is no specific cause of migraine although most people with it are genetically predisposed to it. If you are susceptible to migraine there are certain triggers which commonly occur. These include stress, lack of food, alcohol, hormonal changes in women, lack of sleep, medications, emotions and environmental changes. Triggers are not for everyone and what causes a migraine in one person may relieve it in another.
Distribution of migraine	About 28 and 1.8 million people in the United State and Nigeria respectively suffer from migraine. Migraine is most prevalent in people between the ages of 20 and 45 years for both genders. Women sufferers outnumber men by 3 to 1. Heredity also plays an important role. In fact, a child has a 50% chance of becoming a sufferer if one parent suffers and a 75% chance if both parents suffer.

Table 2: Fact sheet on migraine (continuous)

Features	Explanation
How does migraine occur?	Migraine is best understood as a primary disorder of the brain. Current theory suggests that migraines are triggered within the brain itself. A migraine begins when hyperactive nerve cell (trigeminal nerve) send out impulses to the blood vessels, which cause constriction, followed by the dilation of these vessels and the release of prostaglandins, serotonin and other inflammatory substances that cause the pulsation to be painful resulting in the head pain (headache)
What are the symptoms of migraine?	Migraine is a legitimate biological disease characterized by throbbing head pain, usually located on one side of the head often accompanied by nausea and sensitivity to light and / or sound. The combination of disabling pain and associated symptoms often prevent sufferers from performing daily activities. Less than a third of sufferers experience what is known as “aura”. They may see light flashes, blind spots, zigzag line, and shimmering light and may experience vision loss and numbness prior to the head pain and other symptoms. The symptoms, incidence and severity of migraine vary between individuals.
The stages of migraine	Migraines have well defined stages. Most people experience more than one phase. Not everyone will experience the aura stage and it is possible to have the aura symptoms without the headache. Each phase can vary in length and severity. The stages are: Premonitory stage: this describes certain physical and mental changes such as tiredness, craving sweet food, mood changes, feeling thirsty and stiff neck. These feelings can last for 1 to 24 hours. Aura stage: this may last from 5 to 60 minutes. Symptoms may include visual disturbances such as flashing lights or sensory symptoms such as pins and needles. Main Attack stage: this consists of head pain and associated features which can typically last anything between 4 and 72 hours. Resolution and recovery stage (postdrome stage): most migraine fades slowly although some can be resolved suddenly by vomiting. “It is this stage and their symptoms which distinguish a migraine from a headache”

Table 3: Fact sheet on migraine (continuous)

Features	Explanation
How is Migraine Diagnose?	There is no specific test which can diagnose migraine. Diagnosis will depend upon your physician taking your medical history (including the descriptions of the symptoms) and ruling out other causes for the attack. A confirmed diagnosis of migraine and appropriate treatment can help prevent some attacks from occurring and help you to control future attacks more effectively.
How is Migraine Treated?	Apart from avoiding any recognizable trigger factors, migraine can be effectively managed. With a help of health care provider, patients can identify and alleviate their symptoms with an appropriate treatment regimen. The treatment of migraine can be separated into the treatment of the acute attacks, and treatment attempt to prevent attacks from occurring in the first place. Abortive therapy: acute therapy treats the symptoms of migraine after the attack begins. Many medications available to treat an acute attack must be taken as soon as the attack occurs, otherwise they may be less effective. Preventive therapy: The best prevention is avoidance of any known trigger factor, but in many cases, the sufferer will not be able to establish what causes their migraine to occur, and some trigger factors such as tiredness or stress are often unavoidable. Prophylactic agent taken on a daily basis can help reduce the number of attacks in patients who experience more than two migraines per month. These preventive drugs are usually given for at least six months, and may be for much longer duration if necessary. They do not prevent the sufferer from using acute treatments for any breakthrough migraines.
Migraine Diary	Recording details of migraine attack can be useful in helping the doctor make a firm diagnosis, helping you recognize triggers/ warning signs and by assessing if your acute or preventive medication is working. The record may include information on when the headache started, how often it happens, if there are other symptoms (such as being sick or having visual problems), how long the attack lasted, where the pain is located and whether the pain is troubling or piercing. It is helpful to record as many aspects of daily life as possible including, what and when you eat, your medication, vitamins or the health product you take, any exercise you take, how much sleep you take, other factors such as the weather conditions and last menstrual period (for women). Note: It is often useful to note if you did anything different prior to the attack. Also, the period happening 6 to 8 hours before the migraine attack are particularly important to record.

Source of support: Nil, Conflict of interest: None Declared

IRJP is an official publication of Moksha Publishing House. Website: www.mokshaph.com. All rights reserved.