

Summer migraines come on hard and fast. South Florida headache specialists offer new treatments

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On a rainy, hot South Florida day, Sophia Garzon's head throbs. Hovered over her, Dr. Maike Blaya injects Botox into the young woman's scalp,



jaw, neck, forehead and shoulders. Garzon closes her eyes, willing the Botox to take effect and her painful migraine to ease.

Gonzon, 22, of Boca Raton, spends at least a week a month lying in a dark room, waiting for the pain, light sensitivity and dizziness to go away.

Lately, though, life is a bit better for the up-and-coming recording artist.

Blaya, a headache specialist at the Memorial Neuroscience Institute Headache Center, has found a combination of therapies to relieve Garzon.

When the <u>summer heat</u> arrives, specialists like Blaya see a higher demand for headache relief. According to new research from the University of Cincinnati's Gardner Neuroscience Institute, rising temperatures can trigger painful migraines and more headache occurrences.

"Weather change is one of the most common trigger factors for migraine," a news release from the University of Cincinnati asserts.

"About 90% of people can't function when migraine attacks come on," Blaya said. "Fortunately, we can do a lot now for patients. For almost everyone who comes to see us, we have something to offer them."

New discoveries in migraine treatment are bringing some hope this summer to Florida sufferers.

Migraines affect at least 39 million Americans, with women three times as likely to suffer from them than men, according to the American Migraine Foundation. A migraine attack is much more than just an awful headache; it imay include neck pain, nausea, dizziness, and sensitivity to



light, sounds and smell. Sufferers often lose entire days, too disabled by the condition to complete daily tasks.

Garzon said her migraines triggers are stress, diet, smells or weather. Some women experience migraines caused by changes in their hormones, coinciding with their menstrual cycle.

So far, no cure exists for migraines, but Blaya and other headache specialists are helping Florida patients manage their symptoms.

Blaya's arsenal includes devices, <u>nasal sprays</u>, injections, infusions and medications.

Blaya gives Gonzon a combination of Botox injections every 10 weeks, and Ubrelvy, a newer migraine oral medication that directly blocks a protein known as CGRP, believed to play a major role in migraine attacks.

Specialists are using this new class of medications called anti-CGRP (calcitonin gene-related peptide) drugs to treat or shorten a migraine attack. CGRP-blocking drugs block the effects of this protein to try to prevent migraine attacks, shorten them, or lessen the pain. In the last five years, the FDA has approved several drugs that block CGRP receptors, some taken orally when a migraine strikes and some self-injected monthly or quarterly to prevent migraine attacks from happening.

"We have some patients who tried these and are migraine-free," Blaya said.

Gonzon, whose headaches started during her preteen years, tried myraid pills and devices, and still found herself disabled by migraines. Blaya's combination of therapies is the first time her syptoms are less frequent, she says. She has been able to record music in a Los Angeles studio and



just released a new single called "Miss Me."

"Overall the number of days I am suffering is down, but I don't believe the migraines are going to fully go away," Garzon said. "Migraine disorders are an invisible disease, and there are not enough advocates for it."

At the University of Miami Health System, Dr. Teshamae Monteith, chief of the Headache Division, studies migraines and collaborates on research with colleagues.

"Even with all these new therapies, migraine is still tremendously underdiagnosed and undertreated," Monteith said, "Only a minority of people who have a diagnosis are aware of advances and getting the <u>proper</u> <u>treatment</u>."

At her clinic, specialists are enrolling patients in trials for several therapies.

In the last five years, advancements in treatments include wearables. The FDA has approved four migraine devices that deliver electrical pulses to nerves that can cause migraine. They are worn on different areas of the body: the forehead, neck, arm, or head.

Monteith and her colleagues are investigating a device worn around the arm that uses a phone application to stimulate a pain-relieving response.

She and fellow researchers also are studying a nasal spray that thwarts an an acute headache attack, and a breathing device for adults suffering from attacks of migraine with aura.

And like Blaya at Memorial, they are looking at combining anti-CGRP drugs and Botox to see if the pairing leads to fewer migraine days per



month. "We already are using this combination but the clinical trail is important to capture the data and bring it back to insurers," Monteith said.

One of the challenges, Monteith says, is not all of the available treatments are covered by insurance, and some can be costly. "We do the best we can to come up with these great strategies; sometimes cost and insurance is a barrier and that's where advocacy comes in," she said. "Many patients depend on coupon programs to subsidize the cost."

Monteith says migraines may differ in intensity, in which part of the head they occur, and their triggers.

"It's important to tailor the best regimen to the patient, which could include newer treatments, older treatments, or a combination that includes behavioral therapies such as more lifestyle things," she said. "It's really depends on what their needs are and where the migraine is. It's also important to give people what they're actually going to take. You know, adherence is a huge issue."

In the future, a new class of medications could become available. Researchers are studying antibodies that specifically target pituitary adenylate cyclase-activating peptide (PACAP) receptors that can trigger a migraine attack. Migraine researchers believe once an effective PACAP inhibitor is found, doctors will have yet another drug to add to their arsenal of treatments.

The bottom line: There's hope for people living with <u>migraine attacks</u>.

"We have some people that have achieved freedom, or close to it," Monteith said. "If you aren't seeking help for your migraine, I strongly encourage you to start. We have so many new treatment options, with many more coming down the pipeline."



Garzon has become a spokesperson for the Association of Migraine Disorders, grateful for advancements in treatments She still needs to take breaks often while recording pop songs, but the singer-songwriter will be releasing new music this month. "I am definitely able to function a lot more than before," she said.

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