

NEUROLOGIC CASE STUDY

PATIENT PROFILE

Patient: 30-year-old female, without significant past medical history, who began having headaches at the age of 12, coinciding with menarche. She reports consistent worsening of her headaches shortly before the onset of menses as well as midcycle. Her headaches improved significantly during her pregnancies with her 3 children. In her 20's, her internist told her that she had migraine headaches, and suggested she try over-the-counter (OTC) analgesics and non-steroidal anti-inflammatory medications. When none of these improved her symptoms, her internist prescribed prescription medications, but these too were ineffective. Several years ago, the patient underwent a brain CAT scan and was told that the results were normal.



The patient does not smoke and drinks alcohol in moderation. She drinks on average 3 cups of caffeinated coffee and 2 cans of caffeinated soda daily. She is of average weight and leads a sedentary life.

Symptoms: At the time of diagnosis, the patient suffered from headaches several days a week, and most were severe enough to interfere with her daily activities. The headaches often lasted up to 2 days, during which time they waxed and waned in severity. With the headaches, she complained of sensitivity to light and sound, nausea and occasional vomiting, fatigue, memory difficulties and dizziness. The headaches were situated predominantly in the right half of her head.

Diagnosis: The patient was diagnosed with common migraines (migraines not preceded by auras) and possibly caffeine withdrawal.

TREATMENT

Due to the frequency of her headaches, it was determined that abortive medications (those taken to relieve the headache shortly after onset) would not be sufficient. The neurologist recommended that she avoid all caffeinated beverages and begin taking a magnesium supplement and B-complex vitamin. She was also given a list of foods (those known to trigger or exacerbate migraines) and told to begin a regular exercise program.

Follow-up: Three months later the patient reported a marked improvement in the frequency and intensity of her headaches. She now had headaches no more than once a week, and these responded fully to OTC analgesics. She has also lost 10 lbs after enrolling in yoga classes. She notes renewed energy both at home and work and reports a substantial improvement in her quality of life. The patient was seen again in a routine follow-up visit 6 months later, and reported that she was doing very well.

DISCUSSION

Approximately 15% of women and 6% of men have experienced a migraine. These headaches are considered to be vascular, meaning that transient swelling of the arteries in the brain and release of specific neurochemicals leads to irritation of nerve fibers surrounding these blood vessels, triggering the symptoms of a migraine headache. Migraine headaches can be very disabling, leading to lost time at work and relationship difficulties. The following points should always be kept in mind when treating migraine headaches:

- Migraine headaches usually do not occur without other associated headache types. For example, in the above case study, the woman was drinking considerable amounts of caffeine daily. Caffeine withdrawal can often lead to headaches and exacerbate preexisting symptoms. Other potential headache types often seen in association with migraines include tension headaches, medication overuse, and sinus-related headaches. All of these headache subtypes must be considered when formulating an appropriate treatment strategy.
- Although OTC and prescription medications for migraine headaches have considerable benefits, they also have many side effects that can limit their effectiveness. Therefore, it is important to incorporate non-pharmacologic strategies, such as co-Enzyme Q10, B-vitamin, magnesium supplement, Feverfew, Petadolex[®], diet management, and establishment of healthy lifestyle goals (e.g., regular exercise).
- Narcotic medications are habit forming, and should be avoided as much as possible except when a patient has a severe unrelenting headache.
- Most people with migraine headaches do not require CAT or MRI studies. These are often done for those with new onset headaches or who experience a change in the description of their previous headaches. These noninvasive diagnostic studies can rule out potential causes of headaches, such as tumors or aneurysms.



Since 2003, Dr. Mednick has provided outstanding neurologic care to the people of North Haven and the surrounding area. He is board certified and is the only neurologist in the area with both an MD and PhD, and extensive fellowship training in stroke, emergency neurology and seizure disorders.

Dr. Mednick's expertise enables him to analyze neurologic conditions with great accuracy. The result is a more insightful diagnosis and a highly effective, targeted treatment plan.

For questions or further discussion of the findings in this case study, or to refer a patient to Dr. Mednick, please call (203) 234-1993 or visit www.CTCompNeuro.com.

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