

Migraine Types and Triggers

MIGRAINE AND HEADACHE TYPES

Classic, Common, and Others

Migraines come in several types; some are more common than others. Below you'll find descriptions of the two major migraine types, as well as some of the lesser-known conditions.

The Classic Migraine

Migraine with aura is often referred to as «classic» Less than half an hour before the actual pain begins, the individual experiences «aura» Aura usually involves visual sensory illusions, such as jagged bands of light obscuring vision, or a shimmering light around the edges of objects. Other senses, such as hearing and smell, may also be affected. [\(more\)](#)

The Common Migraine

Common migraines are simply those that present without aura. Only about twenty percent of sufferers experience aura. Most people bypass the aura phase.

Tension Headaches or Tension Type Headaches (TTH)

Tension headaches, which were renamed tension-type headaches by the International Headache Society in 1988, are the most common type of primary headaches. The pain can radiate from the neck, back, eyes, or other muscle groups in the body. Tension-type headaches account for nearly 90% of all headaches. Approximately 3% of the population suffers from chronic-tension type headache.

Causes

- Stress - Usually occurs in the afternoon after long stressful work hours or after an exam
- Sleep deprivation
- Uncomfortable stressful position and/or bad posture
- Irregular meal time (hunger)
- Eyestrain
- Caffeine withdrawal

Tension headaches that do not occur as a symptom of another condition may be painful, but are not harmful. It is usually possible to receive relief through treatment. Tension headaches that occur as a symptom of another condition are usually relieved when the underlying condition is treated. Frequent use of pain medications in patients with tension-type headache may lead to the development of medication overuse headache or rebound headache.

Other Types of Migraines

Ocular

During an ocular migraine, the blood vessels of the eyes, rather than those of the skull or brainstem, spasm and instead of pain, the sufferer becomes aware of lights in the peripheral vision. Often jagged and pastel colored in nature, the light disturbance intensifies, and enlarges until it is centered in the eye. Ocular migraines typically fade away after about fifteen to twenty minutes. Some people report a mild headache after this experience, while others simply feel fatigued.

Ophthalmoplegic

Like ocular migraines, an ophthalmoplegic migraine is centered in the eye. In this form, however, pain is definitely present, and is often accompanied by vomiting. As the headache progresses, the muscles responsible for eye movement are temporarily paralyzed, and the eyelid assumes a droopy appearance. The eyelid may remain droopy for weeks afterwards.

The Headache-Free Type

In this type, aura occurs without an actual headache. It only presents itself in individuals with a history of migraine attacks.

Basilar Artery

This specific type involves the basilar artery in the brainstem, and can cause pain, vertigo, speech and vision problems, and poor coordination. Children are more likely to experience this type than adults.

Carotidynia

Also known as «facial migraine» or «lower-half headache» this type causes pain in the jaw and neck regions. Depending on the individual, the pain may be dull and aching, or sharp and piercing, and is often accompanied by tenderness of the carotid artery. More common in the elderly population than other groups, carotidynia may last for hours, and often occurs more than once a week. This type is characterized by long-lasting and severe pain. The pain often lasts over three days, and hospitalization for pain relief may be necessary.

WHAT TRIGGERS MIGRAINE HEADACHES?

Researchers think that people who suffer from migraines are hypersensitive to migraine triggers (see migraine glossary). A trigger can be a certain food, an environmental condition, or a hormonal factor, and your migraine triggers may not be the same as someone else's.

No matter how many migraine triggers you avoid, some migraine attacks will occur. However, staying clear of your known migraine triggers and following a migraine treatment plan may minimize your chances of future migraines.

Your doctor or healthcare professional will want to know about your headache triggers, but he or she will also need other information to diagnose migraine.

While just about anything can trigger migraines, here is a list of the more frequently reported migraine triggers:

Food Migraine Triggers

- Alcoholic Beverages
- Sodium-Nitrite-Laden Meat (hot dogs, deli meats, etc.)
- Msg - Monosodium Glutamate (see migraine glossary) (food additive found in some processed meats, soups, salad dressings, etc.)
- Aspartame (artificial sweetener)
- Chocolate
- Citrus Fruit
- Tyramine (chemical found in aged cheese)
- Caffeine (chemical found in coffee, tea, soda, chocolate, etc.)
- Nuts
- Onions
- Beans
- Pickled Herring
- Dried Smoked Fish
- Dairy Products
- Sour Cream
- Yogurt (yeast extracts)
- Fatty Foods

Physical Migraine Triggers

- Lack of Sleep or Too Much Sleep
- Irregular Sleep Patterns
- Napping
- Head Trauma
- Physical Exertion
- Fatigue
- Vigorous Activity (for instance, exercise)
- Sudden or Intense Exertion
- Irregular Meal Patterns
- Skipped Meals

Hormonal Migraine Triggers

- Menstruation (including premenstrual)
- Ovulation
- Hormone Supplements

Psychological Migraine Triggers

- Stress (see migraine glossary)
- Post-Stress Activity
- Anxiety or Worry
- Depression

Environmental Migraine Triggers

- Glare or Bright Light
- Flashing or Flickering Lights
- Fluorescent Lighting
- Weather Changes
- Strong Odors (bad or good)
- Repetitive Visual Patterns (stripes, zigzags, etc.)
- Air Pollution
- Secondhand Smoke
- Chemical Fumes
- Motion or Travel

Drug/Chemical Migraine Triggers

- Nitroglycerine
- Histamine
- Reserpine (hypertension drug)
- Hydralazine (drug that lowers blood pressure)
- Diuretics
- Anti-Asthma Medications