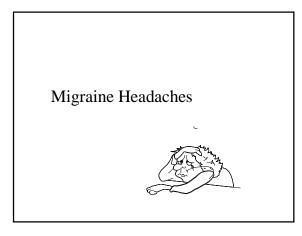
NURS 821 Neurological Disorders

Margaret H. Birney PhD, RN Lecture 11 Part 2 Disorders of the Central Nervous System:Migraine Headaches

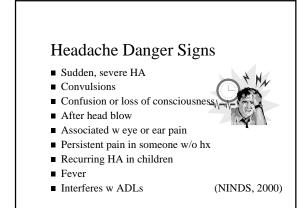


Headaches



- Not a disorder, but a symptom
- Etiology:Muscles and blood vessels along surface and base of brain sensitive to pain-contain delicate nerve fibers, nociceptors
- Nociceptors stimulated by stress, muscular tension, dilated blood vessels, and other triggers
- Bones and brain tissue-no pain receptors
- Research-Persons with chronic HA may have lower levels of endorphins; thermograms show strikingly different heat patterns

(NINDS, 2000)



Migraine Headaches

- Common, familial disorder
- Higher in Caucasians, lowest in Asians
 More common in
- More common in females
- Begins in childhood, adolescence, or early adulthood; greater than 80% onset is before 30 years of age
- Characterized by periodic, commonly unilateral, often pulsatile headache
- Recurs with diminishing frequency during advancing years

Migraine

- Two closely related syndromes:
 - Migraine with aura (classic, or neurologic)
 - Migraine without aura (common)

*Terminology of International Headache society

Migraine

- Etiology of both forms unclear
- . In migraine with aura, there is suspected decrease in cerebral circulation
- In various studies using PET, MRI, SPECT, and Doppler there is a decrease in blood flow starting in occipital cortex and spreading anteriorly
- A study of migraine without aura sufferers revealed a dilatation of the superior temporal artery.

Migraine

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- Many triggers have been identified: Bright lights
 - Allergies
 - Odors

PMS

- Noise Tension
- Alcohol
- Tyramine in diet
- Sinus
- infections/headaches

Migraine With Aura

- Preceeding day may experience:
 - Mood changes (energy surge, feeling of well being)
 - Hunger or anorexia
 - Drowsiness
 - Frequent yawning

Migraine With Aura

- Onset- soon after awakening, but may occur anytime
- Abrupt disturbance of vision:
 - Flashes of light
 - Enlarging blind spot with shimmering edge (scintillating scotoma)
 - Formation of zigzag lines (fortification spectra)
 - Blurred, cloudy vision

Migraine With Aura

tingling of lips, face,

and hand (one or both sides)

 Slight confusion of thinking

- Less commonly seen:Numbness and
- or leg Mild aphasia or

Weakness of an arm

- dysarthria Dizziness &
- uncertainty of gaitDrowsiness

Migraine With Aura

- Manifestations tend to occur in the same combination with each attack
- Last 1 15+ minutes
- Followed by the same pain scenario as migraine without aura

Migraine Without Aura

- Onset usually upon awakening or later in the day
- Frontotemporal, uni-or bilateral dull pain progressing to throbbing pain, worse behind one eye or ear
- Becomes a dull generalized ache

Migraine Without Aura

- Sensitive scalp
- Nausea/vomiting may occur
- Duration: 4-24 hours in most cases, sometimes longer
- Relieved by darkness and sleep
- Diagnosis: based on careful history taking and clinical manifestations