Migraine History taking outline

- Family History
 - Paternal or Maternal; or both?
- Anchor in time:
 - Onset?
 - Have they changed? If so, when?
 - Was there an Inciting event that caused a change or onset?
 - Injury?
 - Hormonal fluctuations?
 - Medication changes?
- Quantify Headache Burden
 - Headache days per month
 - Number of mild and severe
 - Mild headaches may not be reported if not asked about
 - May be suggestive of chronic state
- Identify Triggers
 - Sleep
 - Exercise
 - Menstruation/ovulation
 - Stress
 - Foods
 - Chocolate
 - Pickled foods
 - Processed meats
 - Caffeine
 - Coffee/tea
 - Wine
 - Others
- Consider Medication overuse
- Characterize typical Individual attacks

- Rate of progression, location of pain, etc.
- Identify Prodromal symptoms
 - Minutes, hours, days?
- Associated symptoms?
 - Photophobia, phonophobia, osmophobia, allodynia, nausea, vomiting
- · Focal symptoms?
 - Visual, sensory, motor symptoms
 - Must consider stroke or TIA
 - Is this the typical progression?
- Severity?
 - How does it affect function?
 - Days missed from work?
 - 1-10 pain scale is insufficient
- Behavior during an attack?
 - Bed rest, quiet, pacing, lights off, try not to move
- · Duration of attack with and without treatment?
- Postdrome? how long?
- Current and past treatment
 - Acute and prophylactic
- · Previous labs and imaging studies?

Phases of Migraine

 1. Cutrer FM, et al. (2017). In: Dalkara T, Moskowitz MA, eds. Neurobiological Basis of Migraine. Hoboken, NJ: John Wiley and Sons; 2017:189-200. 2. Lampl C, et al. J Headache Pain. 2016;17(1):9.

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Prodrome	Aura	Headache	Postdrome	Interictal
2-48 hrs prior to HA	5-60 min	4-72hrs	24-48hrs	Period between attacks
Affects 60% of those with migraine	30% of those with migraine	Head pain ranging from mild to severe/ often unilateral	Fatigue, mood changes, hypersensitivity, impaired thinking	Not always symptom free
Neck stiffness, food cravings, fatigue, mood changes	Transient focal neurological symptoms – visual, sensory, speech changes	Usually disrupts normal activity		May have anxiety about next attack/ avoidance of activities
		Associated symptoms: nausea, photophobia, phonophobia, osmophobia, allodynia		
		Often resolves during sleep		