



A Guide to Vestibular Migraine Management

The Key Points

- Vestibular Migraine is a common, and very treatable, cause of recurrent dizziness and vertigo.
- You do not have to have a headache to have Vestibular Migraine.
- Regular routines — sleep, meals, hydration and exercise — are the foundation of treatment and are as important as any tablet.
- Identify YOUR individual triggers, rather than trying to avoid everything.
- Give any new preventative treatment at least 8-12 weeks before deciding whether it is working.
- A 50% reduction in symptoms is considered a good response to treatment.

Introduction

What is Vestibular Migraine?

Vestibular Migraine is a variant of Migraine, where vertigo and other vestibular (inner ear balance organ) symptoms are the prominent feature. There does NOT always have to be an accompanying headache with the dizzy episodes. Migraine itself is felt to affect approximately 14% of the adult population. Vestibular Migraine is believed to affect 2-3% of the population. It is one of the most common conditions seen in a specialist dizzy clinic.

What are the main symptoms?

Vestibular Migraine causes recurrent episodes of vertigo or other vestibular symptoms, with each episode lasting minutes to several days. At least half of episodes should be accompanied by either a Migraine headache, light and sound sensitivity, and / or visual aura (e.g. zigzag lines in vision). However, people do not always present with all the 'classical' symptoms. Most people have a past history of more classical Migraine or travel sickness, and there are often other family members with Migraine.

Management

Lifestyle Modifications

I cannot stress enough how important these 'healthy habits' are in reducing the frequency and severity of dizzy episodes for long term Migraine management. Additionally, these lifestyle changes will improve other aspects of your health and wellbeing.

What are these 'healthy habits'?

1. Always stay well hydrated, with water
2. Stick to a CONSISTENT eating schedule, and have a balanced diet
3. Avoid or minimize any individual dietary triggers (see note below)
4. Maintain a consistent sleep schedule, with adequate hours. Look into Sleep Hygiene for tips on giving yourself the best chance of a good night sleep
5. Engage in regular, moderate exercise. Aside from improving Migraine, this will also improve your overall physical and mental health
6. Try to improve stress management. THIS IS EASY FOR ME TO SAY, AND HARD FOR US TO DO. Although stressful triggers cannot be simply 'taken away', we can try to manage them more EFFECTIVELY. Practice relaxation and breathing techniques, meditation, mindfulness, exercise... and even making time for hobbies can be helpful
7. Limit 'screen time' and take regular breaks to reduce eye strain and visual load. Reducing screen brightness, increasing text size, and switching on your device's 'reduce motion' setting can also help

Trigger Avoidance

Migraine triggers are different for everyone, and it may be a combination of triggers that sets off a Migraine. Triggers can influence a Migraine attack up to 48 hours before the main symptoms start. A Trigger Diary can help you to look at the period before each attack. Write down on a piece of paper or as a 'note' on your mobile phone, what you had eaten & drunk, and what was happening in your life (e.g. stress, sleep, unusual events, etc) for 48 hours before the episode. When you look back at this diary several months later you may see patterns forming and specific triggers being identified. These potential triggers can then be avoided for a couple of months to see if there is any beneficial effect on Migraine symptoms.

The following are some of the more common triggers, however YOU SHOULD NOT AVOID EVERYTHING ON THIS LIST. Over-restricting your diet is unhelpful. The purpose of this list is to help you identify your individual triggers, so that your individual triggers alone can be reduced or avoided where possible. This is hugely valuable, as it can guide you as to WHEN you choose to eat that food, and when it should definitely be avoided, e.g. avoid if you are particularly sleep deprived or stressed.

- Caffeine in coffee, tea, Coca-Cola, energy drinks, etc
- Tyramines found in aged cheeses, pickled food, yeast, etc
- Chocolate
- Alcohol e.g. wine, beer, port
- Some fruits e.g. citrus, bananas, plums, pineapple, etc
- Sour cream, yoghurt
- Monosodium Glutamate (MSG) - a common seasoning in food
- Nitrates found in smoked or pickled meats or fish
- Perfumes, petrol fumes, fresh paint
- Bright lights, flickering lights or intense visual stimuli
- Changes in the atmospheric pressure, outside temperature or humidity

Prophylactic (Preventative) Supplements

These are supplements which you can buy over-the-counter and are usually very well tolerated. Their aim is to reduce the frequency, severity and/or duration of Migrainous episodes. Although you can be on all three at once, I would not advise starting with all three, as you will not know which are helping you and which are not. It is best to try one at a time and take it daily (if tolerated) for at least 8 weeks to see if there is any beneficial effect. The 'product information' leaflet should always be read before starting a new tablet.

- Riboflavin (Vitamin B2) 400 mg once daily (not recommended if pregnant)
- Magnesium 400-600 mg of elemental magnesium daily, ideally as magnesium citrate or magnesium bisglycinate. Check the label for the ELEMENTAL magnesium content, which is often far lower than the weight of the tablet. Build the dose up gradually over 2-4 weeks, taken in divided doses with food, as loose stools are the main side effect
- Co-Enzyme Q10 50-100 mg three times daily
- A combined supplement, called Dolovent, with all three is available

If you are pregnant, breastfeeding, planning a pregnancy, or have any kidney problems, please discuss these supplements with me or your GP before starting them, as the advice differs.

Prescribed Prophylactic (Preventative) Medications

There are a variety of prescribed medications which can help to reduce the frequency, severity and/or duration of Migrainous episodes. A 50% reduction in symptoms is a good response to treatment. There is no 'best' Migraine medication, and everyone is different in how they respond to different medications. It is best to discuss the most suitable medication for you with your Consultant or GP.

I usually advise starting on the lowest dose possible, and increasing this in small increments every 2-4 weeks, until symptoms are controlled, you reach the maximum advised Migraine dosage, or you experience significant side effects. Prescribed preventative medications include:

- Propranolol
- Amitriptyline / Nortriptyline
- Topiramate
- Candesartan
- Venlafaxine
- Pizotifen

Please note: Topiramate can cause serious harm to an unborn baby. It must not be taken in pregnancy, or by anyone who could become pregnant, unless highly effective contraception is in place. If Topiramate is being considered for you, this will be discussed with you in detail beforehand.

Other Treatment Options

Specialist Migraine Headache clinics will also have access to other treatments including Greater Occipital Nerve Blocks, Botox injections, Transcranial Magnetic Stimulation, and treatments which target a nerve chemical called CGRP. The CGRP treatments include monthly self-administered

injections (e.g. Ajovy - Fremanezumab) and, more recently, tablets (Rimegepant and Atogepant). These are usually only available once at least three other preventative medications have been tried without success, and are normally started by a specialist.

Vestibular Rehabilitation may have a role in select cases in trying to help with desensitization and habituation, by helping motion induced and visual induced dizziness.

Psychological Interventions are under-utilised and **better managing anxiety and low mood is hugely beneficial in Migraine management.**

Treating An Episode Once Already Started - 'Rescue' Medication

There are tablets you can take when you have your Migraine or Vestibular Migraine attack.

For Vertigo and Nausea/Vomiting, medications include Prochlorperazine, Cinnarizine and Promethazine. These are also available over the counter. Prochlorperazine comes as a Buccal Tablet which dissolves under the lip (helpful if you are prone to vomiting). **It is very important NOT to take any of these medications for more than a few days in a row**, as prolonged usage will slow down recovery and lead to more chronic imbalance.

For Migrainous Headaches, medications include Paracetamol and Non-Steroidal Anti-Inflammatories (NSAIDs) e.g. Ibuprofen. Please AVOID opioid painkillers e.g. Codeine or Tramadol, as they tend to make Migraines worse. There are also prescription-only Migraine specific 'painkillers', e.g. Sumatriptan, which you could discuss with your Consultant or GP.

An important warning about painkillers: taking painkillers or Migraine-specific tablets too often can, over time, cause MORE frequent headaches and dizziness. This is called Medication Overuse Headache. As a general rule, try to limit simple painkillers (e.g. Paracetamol, Ibuprofen) to fewer than 15 days per month, and Triptans (e.g. Sumatriptan), codeine-containing or combination painkillers to fewer than 10 days per month. If you find you are needing them more often than this, please seek a review rather than simply taking more.

Driving

If your dizzy episodes are sudden and disabling, you have a legal duty to notify the DVLA. Please discuss this with me or your GP or see www.gov.uk/dizziness-and-driving for further information.

Further Information and Support

- The Migraine Trust - www.migrainetrust.org
- Ménière's & Vestibular UK - www.meandve.org.uk
- Vestibular Disorders Association (VeDA) - www.vestibular.org
- Brain & Spine Foundation - www.brainandspine.org.uk

A headache and dizziness diary app (e.g. Migraine Buddy) can make tracking your triggers and your response to treatment considerably easier

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Disclaimer: This Leaflet does not replace a comprehensive Medical Assessment, by an appropriately trained Healthcare Professional. This Leaflet is intended to give a brief overview of Migraine treatment options, for educational purposes only. Always discuss treatment options with your treating Doctor, prior to starting new management options.