Guide to living well with Migraine headaches

Tame migraines
- at home
- at work
- on the road

“Tame migraines • at home • at work • on the road”

CONQUER CHRONIC MIGRAINE!
Find out how on page 10

MUST-HAVE TOOL KIT!

“Tame migraines • at home • at work • on the road”

“Tame migraines • at home • at work • on the road”

I wake up excited for life!”

How preventive therapy brightened Mira’s outlook

“Tame migraines • at home • at work • on the road”

“Tame migraines • at home • at work • on the road”

“I wake up excited for life!”

How preventive therapy brightened Mira’s outlook

“This patient/caregiver educational material brought to you compliments of:

AMERICAN MIGRAINE FOUNDATION

NATIONAL HEADACHE FOUNDATION

Healthmonitor®
Get back to the life you love!

Today, there’s more hope than ever for a headache-free life. Thanks to treatments and lifestyle changes that really work, many migraine sufferers are enjoying more days without pain. Isn’t it time you were one of them?

Imagine a life without throbbing head pain...nausea...blurry vision. Imagine making plans—and being able to stick with them. If you’ve been battling migraine headaches, you may be happy to hear that “treatment options are greater than they were several years ago,” says Pam Santamaria, MD, a neurologist at the Nebraska Medical Center in Omaha. “There’s no reason for people to suffer.”

Take Tina Bracha: The 41-year-old works full-time as a medical assistant, reads at least a dozen books a month and exercises regularly. It’s a complete turnaround for the long-suffering migraine sufferer. What made the difference? Working closely with her doctor to develop a treatment plan that includes both preventive and acute medications. With her migraines dropping from more than 15 per month to just four or five, the Bellevue, NE, resident says, “I have a new lease on life!”

For more

THE BASICS

4 What kind of headache do you have?
Take our quiz to find out

5 Steer clear of your triggers

YOU AND YOUR HEALTHCARE TEAM

6 Your weekly migraine journal
7 Migraine symptom checklist
8 Your healthcare team
9 How medications can help

CHRONIC MIGRAINE

10 What you must know

FEELING YOUR BEST

18 “I conquered my migraines!”
Five inspiring patient stories
21 Get the most from your meds
22 Migraine-proof your life
24 10 questions for your next exam

Get back to the life you love!
**What kind of headache do you have?**

Take this quiz to find out if you might be suffering from a migraine—or something else. Then review the results with your healthcare provider.

**Circle the answer that applies to you.**

1. **Your pain feels like this:**
   a. throbbing or pulsating, usually on one side of your head. It may intensify during physical exertion.
   b. a band- or vice-like sensation in your head or neck. The dull, aching pain usually takes hold in your forehead, temples or the back of your neck and/or head. Both sides of your head are affected.
   c. sinus-related pain and tenderness, as well as a deep, dull ache that can worsen with head movements.
   d. an intense burning or piercing sensation, especially on one side of your head. The pain may be localized behind one of your eyes and may radiate to your forehead, temple, nose, cheek or upper gum.
   e. constant—until treated.

2. **Your headaches are accompanied by these symptoms:**
   a. appetite loss, nausea or vomiting and/or sensitivity to light, sound, odors or touch
   b. none
   c. nasal discharge, ear fullness and facial swelling, plus a fever
   d. the eyelid on the affected side may become swollen or droop, the nostril may become congested, and you may experience facial flushing and excessive sweating
   e. anyplace from 4 to 72 hours—sometimes even longer
   f. constant—until treated
   g. 30 to 45 minutes, but the headaches may occur frequently for several weeks or months.

3. **The pain lasts this long:**
   a. anywhere from 4 to 72 hours—sometimes even longer
   b. from 30 minutes to 7 days
   c. constant—until treated
   d. 30 to 45 minutes, but the headaches may occur frequently for several weeks or months.

4. **The trigger may be:**
   a. certain foods, hormonal changes, weather and/or stress
   b. stress, anxiety, fatigue or anger
   c. a sinus infection, allergic reaction or tumor
   d. seasonal (your headaches are most likely to occur in the spring or fall)
   e. migraines, which strike three times more women than men. The pain may interfere with daily activities. If you experience headaches on 15 or more days a month for at least three months, you may have Chronic Migraine.
   f. You may have tension headaches. Tension headaches, which cause mild to moderate band-like pain, are the most common type. They may come and go over a prolonged period, but they don’t usually interfere with your daily life.
   g. You may have sinus headaches. These are often caused by a sinus infection. You’ll probably have a fever, and X-rays or a CT scan will reveal a sinus blockage (one or both nostrils are usually blocked). Be sure to see your doctor because many people who think they’re suffering from sinus headaches actually have migraines, says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO.

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**If your answers are mostly...**

- **You may have migraine headaches.** Nearly 30 million Americans suffer from these headaches, which strike three times more women than men. The pain may interfere with daily activities. If you experience headaches on 15 or more days a month for at least three months, you may have Chronic Migraine.

- **You may have tension headaches.** Tension headaches, which cause mild to moderate band-like pain, are the most common type. They may come and go over a prolonged period, but they don’t usually interfere with your daily life.

- **You may have sinus headaches.** These are often caused by a sinus infection. You’ll probably have a fever, and X-rays or a CT scan will reveal a sinus blockage (one or both nostrils are usually blocked). Be sure to see your doctor because many people who think they’re suffering from sinus headaches actually have migraines, says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO.

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**Steer clear of your triggers**

For some, skipping a meal sets off a migraine. For others, it’s sunlight. In any case, a trigger causes the release of chemicals that irritate nerve endings on blood vessels and the brain’s surface. Read on to find out if any of the following are causing your pain:

- **Food/food additives.** You may be sensitive to chemicals in chocolate and aged cheeses, as well as additives like the artificial sweetener aspartame. Other culprits include processed meats and monosodium glutamate (MSG).

- ** Skipping a meal.** Migraine sufferers’ bodies crave predictability.

- ** Alcohol.** Alcohol causes nerve irritation. Also, many sufferers are sensitive to chemicals in red wine, scotch and bourbon.

- ** Stress.** Everyday hassles like running late for an appointment or working long can cause nerve irritation and inflammation. Experiencing “letdown” after stress can have the same effect.

- ** Odors.** Perfume and/or cleaning products can trigger a headache.

- **Changes in your routine.** Migraine sufferers are sensitive to schedule changes, such as sleeping too much or too little.

- **Cigarette smoke.** It can cause nerve irritation.

- **Hormone changes.** Sixty percent of women who suffer from migraines do so when estrogen levels drop (such as just before menstruation starts).

- **Intense exercise.** It stimulates the release of nitric oxide—a chemical that can cause nerve irritation—into the bloodstream.

- **Glare.** Nearly 90% of all migraine sufferers are sensitive to light. In a study published in *Nature Neuroscience*, researchers discovered a pathway in the brain that links the visual system to that which produces head pain.

- **A change in weather.** Changes in barometric pressure and cold or humid weather can alter your body’s chemical balance.

- **A change in altitude.** If you climb mountains or ski, you may develop a migraine at high altitudes.

- **Head trauma.** Experts don’t know exactly why this occurs, but headache is one of the most commonly reported symptoms after a traumatic brain injury.
### Your weekly migraine journal

Use this diary to pinpoint your triggers and find out how well your treatments are working.

<table>
<thead>
<tr>
<th>DATES</th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
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</thead>
<tbody>
<tr>
<td>What triggered your migraine?</td>
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<tr>
<td>When did the pain start?</td>
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<tr>
<td>Rate the severity of your pain (0 = no pain, 10 = severe pain)</td>
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<td>What were your symptoms?</td>
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<tr>
<td>Treatments (and doses)</td>
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<tr>
<td>How long did it take for you to get relief?</td>
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</table>

### Migraine symptom checklist

Put a check next to the migraine symptoms you’re experiencing. List any additional symptoms in the blank spaces. Then, share this list with your healthcare provider and discuss how tracking your migraines can help you find the best possible treatment.

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>OCCURS BEFORE MIGRAINE PAIN</th>
<th>OCCURS DURING MIGRAINE PAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blurred vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dizziness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fatigue/sleepiness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Irritability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nausea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to light</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensitivity to noise</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vomiting</td>
<td></td>
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<tr>
<td>Other symptoms</td>
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</tbody>
</table>
Join us and make the difference

To learn more, visit us at www.AmericanMigraineFoundation.org

Your healthcare team

It helps to have an expert in your corner when you’re battling a condition as challenging as migraine. Consider working with these healthcare providers, who can help you develop the best strategy for overcoming your pain:

• A neurologist specializes in disorders of the brain and nervous system. Look for one who is board-certified in pain or headache medicine.
• A pain specialist can diagnose and treat migraine. Look for one who is board-certified in neurology.
• An internist or family physician with a background in pain or headache medicine can diagnose and treat migraine.
• A nurse practitioner (NP) or physician assistant (PA) can support you during treatment.
• A psychologist or neuropsychologist can help you learn to better manage stress, which often triggers migraine. A psychologist can also help you cope with depression and/or anxiety.
• A physical therapist can teach exercises to reduce neck tension, which is common among migraine patients.
• A nutritionist can help identify your trigger foods.
• A sleep disorders specialist can diagnose any conditions that may be contributing to your migraines.

We can change the course of this disorder

36 million migraine campaign

so little can do so much

How medications can help

Great news: Your chances of getting life-changing relief from migraines are better than ever, thanks to a growing number of treatment options. Now there are proven ways to prevent migraines, according to new guidelines from the American Academy of Neurology. Preventive therapies calm your hypersensitive nervous system so you experience fewer flare-ups. When a migraine does occur, it is usually less intense. Of course, during an episode, you can still turn to acute medications to help ease the pain quickly. Ask your healthcare provider about the medications in the chart below and find the right approach for you.

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>HOW IT IS GIVEN</th>
<th>HOW IT WORKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiepileptic (divalproex sodium, sodium valproate, topiramate)</td>
<td>Pill or syrup</td>
<td>Stabilizes nerve cells in the brain, making them less easily activated</td>
</tr>
<tr>
<td>Antidepressant (amitriptyline, venlafaxine)</td>
<td>Pill</td>
<td>Boosts levels of the brain chemical serotonin, which helps calm the nervous system</td>
</tr>
<tr>
<td>Beta-blocker (metoprolol, propranolol, timolol)</td>
<td>Pill or injection</td>
<td>Blocks the release of stress hormones like epinephrine and adrenaline, which can trigger migraines</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory drug (NSAID) (fenoprofen, ibuprofen, ketoprofen, naproxen)</td>
<td>Pill, oral solution, injection</td>
<td>Relieves inflammation and pain. These medications are often prescribed on a short-term basis to women with menstrual migraines and patients who are suffering from other types of pain, such as back and/or neck</td>
</tr>
<tr>
<td>Botulinum toxin A (a purified organic product) * for Chronic Migraine only</td>
<td>Injection (in a few locations)</td>
<td>Quiets hyperactive nerve cells and blocks the release of inflammatory chemicals involved in migraine pain</td>
</tr>
<tr>
<td>Triptan (frovatriptan for short-term prevention of menstrual migraines)</td>
<td>Injection, nasal spray, pill</td>
<td>Prevents nerves on the surface of the brain from transmitting pain signals</td>
</tr>
<tr>
<td>Antinausea (metoclopramide, prochlorperazine)</td>
<td>Pill, liquid, suppository</td>
<td>Relieves nausea and migraine pain</td>
</tr>
<tr>
<td>Dihydroergotamine (DHE)</td>
<td>Injection, nasal spray or orally inhaled (awaiting FDA approval at press time)</td>
<td>Blocks pain, reduces inflammation and shrinks swollen blood vessels</td>
</tr>
<tr>
<td>Nonsteroidal anti-inflammatory drug (NSAID) (acetaminophen, diclofenac, ibuprofen, naproxen)</td>
<td>Pill, oral solution, injection</td>
<td>Relieves inflammation and pain</td>
</tr>
<tr>
<td>Triptan/NSAID combination (sumatriptan and naproxen sodium)</td>
<td>Pill</td>
<td>Relieves inflammation, blocks pain and shrinks swollen blood vessels</td>
</tr>
<tr>
<td>Triptan (almotriptan, frovatriptan, naratriptan, sumatriptan)</td>
<td>Injection, nasal spray, pill</td>
<td>Prevents nerves on the surface of the brain from transmitting pain signals</td>
</tr>
</tbody>
</table>

Guide to Living with Migraines | HealthMonitor 9
If frequent migraines are wreaking havoc on your work and family life, take heart: The latest treatments and lifestyle changes can help you feel better than ever.

Take charge of your Chronic Migraine!

For years, Mira Tsur, 41, would wake up with an unwelcome surprise: a migraine. “I would lie in bed with an ice pack and massage my temples,” recalls the actress and producer in New York City. “I couldn’t start my day until it was over. Anything from stress and a lack of sleep to hot weather and an extra glass of wine could set off her headaches, which struck two to three times a week. “I was like a walking zombie,” recalls Mira, who has a 14-year-old son. “I was going through the motions of being a mom.”

What is Chronic Migraine?
For migraine sufferers like Mira, life-disrupting symptoms like head pain and nausea last indefinitely. The condition is called Chronic Migraine, and it’s diagnosed when you experience head pain on 15 or more days a month for at least three months in a row. It’s far more debilitating than an occasional, or episodic, migraine. “An episodic migraine has a beginning and an end,” says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO. “When it ends, a person’s nervous system returns to normal.” With Chronic Migraine, the nervous system has less time to recover between headaches, so you may never feel completely pain free.

Who’s at risk?
Anyone who has a family history of Chronic Migraine or suffers from episodic migraine is at risk. And the more frequent your migraines, the more vulnerable you are, since they can cause your nervous system to become more sensitive. Gender also plays a role, as the condition is more common among women. Being overweight matters, too—having a body mass index of 30 or above means you have five times the risk of Chronic Migraine compared to people of normal weight, according to a National Institute of Aging study. Other factors include depression, anxiety and being overly sensitive to pain.

Finding your path to relief
Conquering Chronic Migraine usually requires a combination of medication and lifestyle changes, such as getting enough shut-eye, limiting caffeine intake to no more than 200 mg (the amount in about 10 ounces of coffee) and monitoring use of pain medications. Sound like a lot to juggle? Take heart! By working closely with your healthcare provider and having patience, you can find the combination that makes a difference for you.

The strategy certainly paid off for Mira, who sought the help of a physician when her usual standbys—over-the-counter and naturopathic remedies—no longer brought relief for her migraines. Making matters worse, her headaches started to occur with alarming frequency. Seeking medical help was the best thing she ever did. Her doctor prescribed an injectable medication that worked wonders. “It changed my life,” says Mira, who gets the injections every six months. “Now I only get migraines once in a blue moon.”

It helps that she does everything she can to avoid her triggers—especially stress. That means sticking
IMPORTANT SAFETY INFORMATION

BOTOX® may cause serious side effects that can be life threatening. Call your doctor or get medical help right away if you have any of these problems any time (hours to weeks) after injection of BOTOX®:

• Problems: swallowing, speaking, or breathing, due to weakening of associated muscles, can be severe and result in loss of life. You are at the highest risk if these problems are pre-existing before injection. Swallowing problems may last for several months.

• Spread of toxin effects. The effect of botulinum toxin may affect areas away from the injection site and cause serious problems may last for several months. Problems may last for several months. Problems may last for several months.

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX® has been used at the recommended dose to treat chronic migraine. Do not take BOTOX® (onabotulinumtoxinA) if you are allergic to any of the ingredients in BOTOX® (see Medication Guide for ingredients); had an allergic reaction to any other botulinum toxin product such as Myobloc® (rimabotulinumtoxinB), Dysport® (abobotulinumtoxinA), or Xeomin® (incobotulinumtoxinA); or have a skin infection at the planned injection site.

The dose of BOTOX® is not the same as, or comparable to, another botulinum toxin product.

Serious and/or immediate allergic reactions have been reported. These reactions include itching, rash, red itchy welts, wheezing, asthma symptoms, or dizziness or feeling faint. Tell your doctor or get medical help right away if you experience any such symptoms; further injection of BOTOX® should be discontinued.

Tell your doctor about any of your muscle or nerve conditions such as amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), myasthenia gravis, or Lambert-Eaton syndrome, as you may be at increased risk of serious side effects including severe dysphagia (difficulty swallowing) and respiratory compromise (difficulty breathing) from typical doses of BOTOX®.

Human albumin and spread of viral diseases. BOTOX® contains albumin, a protein component of human blood. The potential risk of spreading viral diseases (eg, Creutzfeldt-Jakob disease [CJD]) via human serum albumin is extremely rare. No cases of viral diseases or CJD have ever been reported in association with human serum albumin.

Tell your doctor about all your medical conditions, including if you:

• have or have had bleeding problems; have plans to have surgery; had surgery on your face; weakness of forehead muscles, such as trouble raising your eyebrows; drooping eyelids; any other abnormal facial change; are pregnant or plan to become pregnant (it is not known if BOTOX® can harm your unborn baby); are breastfeeding or plan to breastfeed (it is not known if BOTOX® passes into breast milk).

Tell your doctor about all the medicines you take, including prescription and non-prescription medicines, vitamins, and herbal products. Using BOTOX® with certain other medicines may cause serious side effects. Do not start any new medicines until you have told your doctor that you have received BOTOX® in the past.

Especially tell your doctor if you have received any other botulinum toxin product in the last 4 months; have received injections of botulinum toxin such as Myobloc®, Dysport®, or Xeomin® in the past (be sure your doctor knows exactly which product you received); have recently received an antibiotic by injection; take muscle relaxants; take an allergy or cold medicine; take a sleep medicine; take anti-platelets (aspirin-like products) or anti-coagulants (blood thinners).

Other side effects of BOTOX® include: dry mouth, discomfort or pain at the injection site, tiredness, headache, neck pain, and eye problems: double vision, blurred vision, decreased eyesight, drooping eyelids, swelling of your eyelids, and dry eyes.

For more information refer to the Medication Guide or talk with your doctor.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch or call 1-800-FDA-1088.

Please refer to full Medication Guide including Boxed Warning on the following page.

Learn more and find a doctor near you at BOTOXChronicMigraine.com

ISN’T IT TIME TO REDUCE THOSE HEADACHE DAYS?

BOTOX® IS PROVEN TO SIGNIFICANTLY REDUCE HEADACHE DAYS EVERY MONTH.

• BOTOX® is the first and only FDA-approved, preventive treatment for people with Chronic Migraine.
• BOTOX® prevents up to 9 headache days a month (versus up to 7 for placebo).
• BOTOX® is injected every three months by your doctor.

BOTOX® may be right for you if you have migraine with 15 or more headache days a month with each headache lasting 4 hours or more. BOTOX® is not approved for adults with migraine who have 14 or fewer headache days each month.

Learn more at BOTOXChronicMigraine.com and find a doctor who treats Chronic Migraine patients. Because every day is important.
MEDICATION GUIDE
BOTOX® and BOTOX® Cosmetic (Botulinum Toxin Type A) for injection

Read the Medication Guide that comes with BOTOX® or BOTOX® Cosmetic before you start using it and each time it is given to you. There may be new information. This information does not take the place of talking with your doctor about your medical condition or your treatment. You should share this information with your family members and caregivers.

What is the most important information I should know about BOTOX and BOTOX Cosmetic?

- BOTOX and BOTOX Cosmetic may cause serious side effects that can be life threatening, including;
  - Problems breathing or swallowing
  - Spread of toxin effects

These problems can happen hours, days, to weeks after an injection of BOTOX or BOTOX Cosmetic. Call your doctor or get medical help right away if you have any of these problems after treatment with BOTOX or BOTOX Cosmetic.

1. Problems swallowing, speaking, or breathing. These problems can happen hours, days, to weeks after an injection of BOTOX or BOTOX Cosmetic. These problems can happen usually because the muscles that you use to breathe and swallow can become weak after the injection. Death can happen as a complication if you have severe problems with swallowing or breathing after treatment with BOTOX or BOTOX Cosmetic.

2. Spread of toxin effects. In some cases, the effect of botulinum toxin may affect areas of the body away from the injection site and cause symptoms of a serious condition called botulism. The symptoms of botulism include:
  - Loss of strength and muscle weakness all over the body
  - Double vision
  - Blurred vision and drooping eyelids
  - Hoarseness or change or loss of voice (dysphonia)
  - Trouble saying words clearly (dysarthria)
  - Loss of bladder control
  - Trouble breathing
  - Trouble swallowing

These symptoms can happen hours, days, to weeks after you receive an injection of BOTOX or BOTOX Cosmetic.

These problems could make it unsafe for you to drive a car or do other dangerous activities. See “What should I avoid while receiving BOTOX or BOTOX Cosmetic”?

There has not been a confirmed serious case of spread of toxin effect away from the injection site when BOTOX has been used at the recommended dose to treat chronic migraine, severe underarm sweating, blepharospasm, or strabismus, or when BOTOX Cosmetic has been used at the recommended dose to treat fine lines.

What are BOTOX and BOTOX Cosmetic?

BOTOX is a prescription medicine that is injected into muscles and used:

- To treat overactive bladder symptoms such as a strong need to urinate with leaking or wetting accidents (urge incontinence) and a strong need to urinate right away (urgency), and urinating often (frequency) in adults when another type of medicine (anticholinergic) does not work well enough or cannot be taken.
- To treat leakage of urine (incontinence) in adults with overactive bladder due to neurologic disease when another type of medicine (anticholinergic) does not work well enough or cannot be taken.

BOTOX Cosmetic is a prescription medicine that is injected into muscles and used to improve the look of moderate to severe frown lines between the eyebrows (glabellar lines) in adults younger than 65 years of age for a short period of time (temporary).

It is not known whether BOTOX or BOTOX Cosmetic can be effective in people younger than:
  - 18 years of age for treatment of urinary incontinence
  - 18 years of age for treatment of chronic migraine
  - 18 years of age for treatment of spasticity
  - 16 years of age for treatment of cervical dystonia
  - 18 years of age for treatment of hyperhidrosis
  - 12 years of age for treatment of strabismus or blepharospasm

BOTOX Cosmetic is not recommended for use in children younger than 18 years of age.

Ask your doctor if you are not sure if your medicine is one that is listed above.

Know the medicines you take. Keep a list of your medicines with you to show your doctor and pharmacist each time you get a new medicine.

Should I take BOTOX or BOTOX Cosmetic?

- BOTOX or BOTOX Cosmetic is an injection that your doctor will give you.
- BOTOX is injected into your affected muscles, skin, or bladder.
- BOTOX Cosmetic is injected into your affected muscles.
- Your doctor may change your dose of BOTOX or BOTOX Cosmetic, until you and your doctor find the best dose for you.
- Your doctor will tell you how often you will receive your dose of BOTOX or BOTOX Cosmetic injections.

What should I avoid while taking BOTOX or BOTOX Cosmetic?

- BOTOX or BOTOX Cosmetic may cause loss of strength or general muscle weakness, or vision problems within hours to weeks of taking BOTOX or BOTOX Cosmetic. This happens, but does not drive a car, operate machinery, or do other dangerous activities. See “What is the most important information I should know about BOTOX and BOTOX Cosmetic”.
- What are the possible side effects of BOTOX and BOTOX Cosmetic?

What are the ingredients in BOTOX and BOTOX Cosmetic?

Active ingredient: botulinum toxin type A

Inactive ingredients: human albumin and sodium chloride

This Medication Guide summarizes the most important information about BOTOX and BOTOX Cosmetic. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about BOTOX and BOTOX Cosmetic that is written for healthcare professionals. For more information about BOTOX and BOTOX Cosmetic call 1-800-453-8671 or go to www.BOTOX.com.

What are the ingredients in BOTOX and BOTOX Cosmetic?

BOTOX is a registered trademark of Merz Pharma GmbH & Co KGaA. BOTOX Cosmetic is a registered trademark of Ipsen Bipharm Limited Company. Xeomin® is a registered trademark of Merz Pharma GmbH & Co KGaA. Patented. See: www.allergan.com/products/patent_notices

ALLERGAN

Based on 72284US15

APC880R13
Have loved ones act as partners in your migraine treatment plan, recommends Dawn Buse, PhD.

to a sleep schedule, getting regular massages and going to twice-weekly yoga classes. Research backs up her approach: A recent study published in the Journal of Pain Management shows that yoga not only helps ease migraine pain, it also helps you overcome anxiety about any headaches.

Other approaches that have helped Mira keep tension at bay include biofeedback, in which you learn to control your body’s response to stress. In one form, you place an electronic probe on your finger to monitor skin temperature. The probe helps you learn how to calm your body. She’s also tried acupuncture, an ancient Chinese therapy in which needles are placed in certain areas of the body to restore balance. “It helps relax you,” she says. A study published in the Canadian Medical Association Journal found that acupuncture cut in half the number of migraines patients experienced.

Getting the most out of life
Strengthening her circle of support has also made a difference for Mira. The more family, friends and co-workers understand about your migraines, the less vulnerable you’ll be to feelings of guilt, anxiety and depression, she says. “Have friends and family members act as partners in the process,” recommends Dawn C. Buse, PhD, director of behavioral medicine at the Montefiore Headache Center in New York City. For instance, you can make a pact to take a walk with them three times a week, which may help stave off headaches. Consider bringing a loved one to a medical appointment; your doctor can help legitimize your struggle. As for Mira, she couldn’t be happier. Since starting her new treatment, everything has fallen into place. These days, she says, “I wake up excited for life!”

Are you a candidate for preventive therapies?
It’s possible to short-circuit migraines before they start with preventive therapies. These medications are designed to reduce the frequency and severity of attacks. You might benefit if you fall into any of the following categories:

- You aren’t getting relief from acute medications or you can’t tolerate them
- Your migraines strike more than once a week or you need to take headache-relieving meds more than a few times per week
- You’re getting complicated forms of migraine (with aura)
- Your migraines are interfering with your daily routine

Discover the extraordinarily comfortable Sleep Number® experience. Designed around a bed with innovative DualAir™ technology that allows you to adjust to the support your body needs—each of your bodies. For your best possible sleep, night after night.

Clinically Proven to Improve Sleep Quality
Independent studies showed that the Sleep Number bed helps people fall asleep faster, sleep more soundly and wake feeling more rested and rejuvenated. It’s the only bed clinically proven to relieve back pain and improve sleep quality.

Firmness. Individualized.™
At the heart of the SLEEP NUMBER® bed is our exclusive DualAir™ technology featuring adjustable air chambers and a Firmness Control™ system. Together they allow you to adjust each side of the bed to your ideal level of firmness, comfort and support—your SLEEP NUMBER® setting—at the simple touch of a button.

Clinically Proven to Relieve Back Pain
A study published in the Canadian Medical Association Journal found increased energy

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Click sleepnumber.com/50 to Watch a Free Video or Call 1.800.831.1211 (ext 77108) for Information about the Sleep Number Bed

For a summary of independent clinical studies and their results, visit sleepnumber.com. †Research conducted at Stanford University, Duke University and Abbott Northwestern Hospital and the Physical Therapy at The Marsh Health Center in conjunction with The Sleep Fitness Center. **Restrictions apply. See savings card for details and expiration date. ©2013 Select Comfort

Physical Therapy at The Marsh Health Center in conjunction with The Sleep Fitness Center. ‡Warranty available at sleepnumber.com. §The 100-Night trial begins the day your new Sleep Number® bed arrives in your home. If not satisfied, call within 100 days of delivery to arrange return. We’ll reimburse the purchase price less your initial shipping or Home Delivery and Setup fees. You pay return shipping. There are no returns or exchanges on adjustable bases, clearance or demo bed models. **Restrictions apply. See savings card for details and expiration date. ©2013 Select Comfort

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"I conquered my migraines!"

These five patients feared they’d never find relief from their debilitating headaches. Today, they’re working closely with their healthcare providers and thriving. Here are their inspirational stories.

**Ken Freirich, 44, of Montvale, NJ, saw his primary care doctor, who diagnosed him with Chronic Migraine.** When Ken Freirich started getting headaches in his early 30s, he didn’t know what was causing them. The pain, which started around his temples, would linger for a few days and had become nauseating as well. Over time, the headaches became more frequent, striking seven to 10 times a month or more. They became a disruption to his life; he had to cancel social plans and come home from work early.

So Ken, a 44-year-old executive in his life; he had to cancel social plans and come home from work early.

Ken still didn’t know what was triggering his headaches. One day he was at work and noticed the strong air-conditioning bothered him. Over time, he figured out that cold air was the cause of his headaches, which became worse in the winter. “I wore a hat to bed and in the house, and it helped,” says Ken. But he was still getting more than 10 migraines per month. “This was no way to live,” he says.

Ken decided to see a neurologist at a major medical institution. The doctor advised Ken to start tracking his migraines—log when he got them, how long they lasted and how severe they were. He also prescribed a triptan medication, which can stop a migraine in its tracks. “I learned I had to treat the headaches early,” says Ken. “The faster I treated them, the faster they would go away.”

When Ken was exposed to cold air and started to get a migraine, he’d take a prescription nonsteroidal anti-inflammatory, and the headache would go away. If it didn’t, he would take a triptan. Today, Ken gets only a few very mild migraines per month. He treats them so quickly that he rarely needs to take a triptan. Recently, he had to host a work-related dinner for 500 people, and he felt a migraine coming on. He took his medication and was fine. “I feel very fortunate that I’ve identified my trigger and have a treatment plan that works,” he says.

“I treat my headaches early”

"I took a preventive therapy"

**Carmella Engels, 52, of Phoenix, AZ, migraines appeared like a bolt out of the blue. “Until nine years ago, I didn’t really have headaches at all,” she says. “Suddenly, I was having them all the time.” She saw a neurologist and was diagnosed with Chronic Migraine.**

In the meantime, Carmella found herself snapping at co-workers and family members. “A migraine feels like there’s a monster living inside my head,” she says. “I became irritable.” Then, about four years ago, Carmella’s doctor suggested she try a preventive medication, and the relief was practically immediate:

“My headaches dropped from more than 15 days a month to half that, then a quarter,” she says. “It was life-changing.” She also makes a point of avoiding her triggers, which include extreme stress and insufficient sleep.

“I found the right medication”

"Don’t ditch your treatment plan. When Carmella tried to go off her medication, her headaches came back with a vengeance.

"Find out how to manage your headaches at work. Carmella often needed to shut her office door and dim the lights. Your doctor can help you find a treatment plan that will minimize disruptions to your schedule.

When MJ Boensch turned 40 in 2009, she had a lot to celebrate—two healthy kids and a new home in Upper Saucon Township, PA. Then she started to worry that a migraine was coming, “I didn’t want to care for our kids, who were only 2 and 5 at the time,” says MJ.

Eventually, she was prescribed two different antiseizure drugs and an antidepressant, which she couldn’t tolerate. “There wasn’t a day I didn’t worry that a migraine was coming,” she recalls. MJ switched to a new doctor who gave her a prescription nonsteroidal anti-inflammatory drug as a daily preventive therapy. She hasn’t had a migraine in a month and is hopeful the headaches won’t return. “I’m relieved,” she says.

“Make MJ’s strategies work for you

• **Take control.** Talk regularly with your healthcare provider so you can come up with the best treatment plan for you.

• **Review medications with your healthcare provider.** “Whenever you get a new prescription, tell your doctor about any over-the-counter medications you’re taking to make sure everything is compatible,” says MJ.

**Make Carmella’s strategies work for you

• **Don’t ditch your treatment plan.** When Carmella tried to go off her medication, her headaches came back with a vengeance.

• **Find out how to manage your headaches at work.** Carmella often needed to shut her office door and dim the lights. Your doctor can help you find a treatment plan that will minimize disruptions to your schedule.

**Make Ken’s strategies work for you

• **If one medication isn’t working, try another.** ‘You’ll need to experiment to find the right one,” says Ken.

• **Consider seeing a specialist.** “If your case is difficult or unusual, you may want to see a top headache specialist,” says Ken. Consider looking for one at a major medical institution or a local teaching hospital.

• **Be prepared.** “There’s not a day I leave the house without my medication,” says Ken. He also takes his hat with him wherever he goes. “Being prepared is half the battle,” he says.

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For Suzette Jacobs, 53, it was easy to tell what brought on her migraines: strong odors. “Every time I got near a perfume counter or went to the laundry room, I got an instant migraine,” says the stay-at-home mom in New York City.

“Every time I order Seventh Generation Natural Hand Wash in Just Clean Unscented and Method Laundry Detergent in Free + Clear in bulk so I don’t run out,” says Suzette.

For Jan Melara, migraines have been a 24-year struggle. She first noticed glare was a problem when she was in her 30s. “I remember squinting into the sun one day and feeling my right shoulder tighten up the way it does when a headache is starting,” says Jan.

“I went fragrance-free”

Luckily, between avoiding trouble-some scents and using triptans to head off attacks, Suzette has slashed her migraine attacks from near constant to just one headache every few months. “Now I notice natural smells much more,” says Suzette.

Make Suzette’s strategies work for you

• Order online. “I order Seventh Generation Natural Hand Wash in Just Clean Unscented and Method Laundry Detergent in Free + Clear in bulk so I don’t run out.”

• Look for these words: fragrance-free! There’s a difference between unscented and fragrance-free products, Suzette warns. Some unscented products contain fragrance maskers.

• Filter offensive odors. Suzette tucks coffee beans in a zip-lock bag and carries them wherever she goes. A sniff helps mask offensive odors. She also carries a charcoal filter mask, which filters respiratory irritants. Charcoal filter masks are available via Amazon.com.

“I got rid of the glare”

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“Get the most from your meds”

Is medication part of your migraine treatment plan? Take it as prescribed for the best benefit.

Forget to take a pill… or two? Missed your injection appointment? You’re not alone! According to a study published in the journal Pain Practice, around 70% of patients prescribed medications to stave off their migraines stopped taking them six months later. Be sure to tell your healthcare provider if you’re having trouble following your treatment plan. Then, try these tips for staying on track:

• Forgetful? Remind yourself—every way you can! Put sticky notes on your fridge or bathroom mirror. Set an alarm on your watch or phone. Ask your kids to remind you. And if you’ve been prescribed injections, jot down your appointments in all of your calendars.

• Hate the side effects? Speak up! Whether it’s weight gain, drowsiness or dry mouth, tell your healthcare provider. The answer may be as simple as adjusting your dose or the time you take the med, says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO.

• Can’t afford them? Lower the cost! Some pharmaceutical companies have low-cost programs for patients who qualify. Be sure to ask your healthcare pro-vider or pharmacist if you might be eligible. Or contact the Partnership for Prescription Assistance (pparx.org).

• Expecting too much? Check your perspective! Stopped taking your meds because you still get migraines? “Meds decrease the frequency of attacks, but don’t prevent all of them,” says Stephen Silberstein, MD, professor of neurology and director of the Jefferson Headache Center at Thomas Jefferson University in Philadelphia. Talk to your healthcare provider if you’re still getting too many.

Make Jan’s strategies work for you

• Always have shades on hand. “When I buy prescription glasses, I always get photochromic lenses [the kind that darken automatic-ly],” says Jan. “But since they don’t darken enough when I’m inside a car, I wear dark sunglasses instead.”

• Pick the right lighting. “Overhead lighting, especially fluo-orescent, contributes to my head-aches, so I use lamps whenever possible,” says Jan. She purchases daylight-spectrum bulbs for places where overhead lighting is unavoid-able, like the bathroom.

At the National Headache Foundation our mission is to help you. We reach out to patients, caregivers, and the physicians and many healthcare professionals who treat them. Check out our resources—they’re easy to get with others who experience migraines and headaches. (Search “National Headache Foundation” on Facebook.)

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• NHF CHAT ROOMS – bi-monthly Q&A webinars which are an opportunity for anyone experiencing or interested in headache to have questions answered online with an expert. (See “Our Community” on the website.)

• NHF FACEBOOK PAGE – provides relevant news, discussions, and a place to connect with others who experience migraines and headaches. (Search “National Headache Foundation” on Facebook.)

• CALL-IN LINE – speak with staff members who are caring, polite, and knowledgeable to get guidance on next steps. 888-NHF-5552

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The hospital had fluorescent lighting, and it bothered my eyes.”

Today, she stays away from over-head lights whenever possible and wears sunglasses whenever she’s outside or near a window. “I try to avoid situations in which I’ll be exposed to glare, such as kayaking into the setting sun,” she says. She also avoids stress as much as possible. Now, she gets only three migraines per month, down from 15 or more. “I can actually be myself now,” she says. “It’s as if a curtain has opened to reveal a lovely new life!”

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Migraine-proof your life!

AT HOME

• **Do something you love every day**—whether it’s reading to your kids, playing with your dog or making dinner with your partner. “Building these little breaks will restore your nervous system and help your brain make ‘feel-good’ chemicals like serotonin and beta endorphins, which can protect against migraines,” says Roger K. Cady, MD, founder and medical director of the Headache Care Center in Springfield, MO.

• **Hit the sheets regularly.** Aim for seven to eight hours of shut-eye each night, and go to bed and wake up at the same time every day. If you have any sleep problems, see your healthcare provider. Studies have found a relationship between disturbed sleep (for instance, waking up frequently throughout the night) and more frequent or severe migraines.

• **Eat on a schedule.** Be consistent, since skipping meals can trigger migraines. Make sure, too, that you’re getting protein and complex carbohydrates at each meal. Protein will prevent blood sugar fluctuations, which can trigger migraines, while complex carbs will prevent your blood sugar from dropping. A migraine-friendly breakfast could include eggs with turkey sausage, fresh fruit and yogurt, or peanut butter on whole-wheat toast.

• **Get moving.** Aim for 30 minutes of exercise daily. Doing housework and walking your dog both count! A recent study found that when migraine sufferers did aerobic exercise for 40 minutes three times a week for three months, the frequency of attacks was reduced by 25% on average. Exercise can also improve sleep and reduce stress, both of which can help ward off migraines.

ON THE ROAD

• **Pretreat.** Travel can be difficult for migraine sufferers, since any change in your usual schedule can be a trigger. If travel sets off your headaches, ask your healthcare provider about pretreating with a triptan. Take it about an hour before you leave and perhaps for one to two days afterward, recommends Dr. Cady. If that works, do the same thing on your way home.

• **Acclimate to altitude.** A change in altitude can cause a migraine, so avoid exercise when you arrive and stay hydrated, says Stephen Silberstein, MD, professor of neurology at Thomas Jefferson University in Philadelphia.

AT WORK

• **Get comfortable.** Is your desk not the right height for you? Are your feet dangling instead of planted on the floor? If so, make some changes. “If one part of your body hurts, your whole body will hurt, which could bring on a migraine,” says Dr. Silberstein.

• **Cut down on glare.** The light on your computer screen could trigger a migraine. Consider installing an anti-glare screen on your computer.

• **Create a focal point.** Put a photograph, small object or something that holds meaning to you in your office. Make a point of looking at it several times a day. Take a few deep breaths, which will decrease your stress level and help you avoid migraines, says Dr. Cady.

• **Check the lighting.** Flashing or fluorescent lights can be a pain, literally. If the lighting in your office can’t be changed, consider wearing shades with polarized lenses, says Dr. Silberstein. And if you’re sitting near a window, you’ll need to lower the blinds or wear sunglasses.

A few easy and remarkably effective strategies can help you fend off migraines at home, at work and on the road.

BY KAREN ASP

Your migraine tool kit

- **An eye mask** to shield your eyes from light
- **A cold compress or pack,** which can help your throbbing head
- **A bottle of water**—dehydration can lead to headaches; you’ll also need it to take your migraine medication.
- **Medication** can treat a headache ASAP
- **A small pillow,** which could come in handy for resting

If you suffer from migraines, create a personalized migraine kit, which can come to your aid if a severe headache strikes unexpectedly. Here’s a list of what it could include:
Looking for more info on migraines? Hoping to connect with others who understand you? These organizations offer the answers you want and the support you need, and you can visit them all with a click by logging onto HealthMonitor.com/MigraineResources

The American Chronic Pain Association (ACPA) facilitates peer support and education for people with chronic pain and their families so that they may live a fuller life. ACPA also raises awareness of issues associated with chronic pain.

National Fibromyalgia & Chronic Pain Association. Migraines and chronic pain are a challenge to manage. Join the National Fibromyalgia & Chronic Pain Association (NFMCPA) at FMCPaware.org for education, research information and important advocacy programs to improve your healthcare and protect your access to care.

Academy of Pain Management is a nonprofit professional organization serving clinicians who treat people with pain. The largest pain management organization in the nation, it is the only one that embraces an integrative model of care. It also offers continuing education, publications and advocacy.

American Pain Association is currently working on the education of medical personnel and the public they serve, research, media resources, product development, institutional pain program development and accreditation. We help to create awareness and support patients.

The Migraine Research Foundation (MRF) raises money to fund innovative research grants to further the understanding of migraine’s causes, develop improved treatment targets, and find the cure. MRF also assists sufferers by providing information and support.

10 questions for your next exam

Good communication is the key to effective treatment for your migraine. Get started by asking these questions.

1. Could my headache be a migraine?

2. What’s the best way to identify my triggers?

3. Could any of my medications be making my headaches worse?

4. Which treatment do you recommend and why?

5. Should I expect any side effects? What can I do to minimize them?

6. How can I tell when a migraine is coming on, and at what point should I start taking medication?

7. Could I benefit from preventive therapies?

8. What lifestyle changes can I make to reduce the frequency of my headaches?

9. If I get daily headaches, could I have Chronic Migraine?

10. When should I come back to see you?

10 questions for your next exam