Services

Migraine Vertigo

Migraine Vertigo

Vertigo can be associated with a migraine either as a symptom or as a related, but distinct neurological disorder. Other names include vertiginous migraine or migraine related vestibulopathy. A person may experience episodic rotational vertigo, benign paroxysmal positional vertigo, constant imbalance, disequilibrium, head motion intolerance, sensibility to light and sound, and motion sickness. Vertigo is main symptom rather than a headache. About 31% of people have symptoms that last minutes to hours and 49% of people have symptoms that last >24 hours up to months.

****HEADACHE IS NOT REQUIRED TO MAKE THIS DIAGNOSIS****

What is a migraine?

Typically a one sided, throbbing headache, of moderate to severe intensity associated with light or sound sensitivity and nausea or vomiting, usually relieved by sleep. In some cases migraines are accompanied by dizziness and may prohibit completion of normal ADL's. Motion intolerance, separated by symptom free periods, are common as well.

There are different types of migraines including migraine without aura/common migraine (90% of cases), migraine with aura/classic migraine(10% of cases), basilar migraine (variant throbbing headache w/ and aura and vertigo). Research shows that migraine sufferers are 2.5% more susceptible to vertigo than controls.

What is the prevalence/frequency for migraines?

Vertigo and migraine independently are very common and their combination is also common. Migraine is the most common cause of vertigo. Migraine affects 13% of US population while Migraine associated vertigo (MAV) affects 3.5% of the US population. It is more common in women than men with a peak age of 30-45 with it affecting 30% of woman at peak age of 35. It is much more common than Menieres which affects only .2% of US population.

Why does it occur?

This topic remains controversial, but occurs secondary to central and peripheral defects. It may be caused by stress, anxiety, hypoglycemia, fluctuating estrogen, foods, or smoking. There are many theories that can be associated to migraine occurrence including Spreading Depression Theory (decrease in cerebral blood flow), Neuropeptide Theory (asymmetric release causes vertigo, Symmetric release causes motion sensitivity. Affects the inner ear and vestibular nucleus in the brainstem. Neuropeptides cause prolonged hormone like effect and may explain the prolonged symptoms of MAV. Symptoms can progress from spontaneous vertigo to BBPV to motion sensitivity), Vasospasm Theory (internal auditory artery vasospasm causes ischemia to the labyrinth).

Treatment

There are different treatment approaches for migraines including medication(vasoconstrictors and triptans – works 75% of time), Prophylactic Migraine Diet (avoid caffeine, chocolate, MSG, processed meats/fish, fermented dairy products, nuts, alcohol, vinegar, citrus fruits, dried fruits, onions, yeast, aspartame. Trial of 1-3 months and if not successful then medication is next step), and supplements (Riboflavin may decrease duration but not intensity)

****Proper diagnosis is essential for proper treatment. Diagnostic test for MAV do not exist. MRI's and ENG's are usually normal****

Additional Resources:

VEDA www.vestibular.org

Tim Hain www.dizziness-and-balance.com