

Vestibular Migraine

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Fact Sheet

Migraine is a significant public health problem reported to affect up to 17% of women and 6% of men each year.¹ It has been identified as the second most disabling chronic disorder in the world following low back pain. Many individuals with migraines go undiagnosed or misdiagnosed.² Approximately, 10% of migraineurs experience vertigo and **it is the most common cause of episodic vertigo in both adults and children**. It is more prevalent in women with ratio of females to male equaling 5:1.³

A vestibular migraine is a type of migraine consisting of episodes of moderate to severe dizziness and/or vertigo. These symptoms may occur before, during or after a headache. Dizziness and vertigo associated with vestibular migraine can vary in duration lasting from seconds to days.

Diagnostic Criteria for Vestibular Migraine⁴

1. At least 5 episodes with vestibular symptoms of moderate or severe intensity, lasting 5 min to 72 hours.
2. Current or previous history of migraine with or without aura
3. One or more migraine features with at least 50% of the vestibular episodes:
 - a. Headache with at least two of the following characteristics:
 - i. One sided location, pulsating quality, moderate or severe pain intensity, aggravation by routine physical activity
 - ii. Photophobia and phonophobia
 - iii. Visual aura
4. Not better accounted for by another vestibular or ICHD diagnosis.

Symptoms⁵

- Spontaneous vertigo/ Spinning
- Positional vertigo and dizziness
- Lightheadedness
- Head motion intolerance
- Unsteadiness/ Balance Problems
- Attack can last from seconds to days
- Reported headache varies widely
- Photophobia
- Phonophobia

Migraine Triggers¹

- Specific Foods
- Dehydration
- Missed Meals
- Caffeine intake
- Alcohol intake
- Sleep disturbance

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Migraine Triggers continued

- Hormonal fluctuations
- Weather- barometric-pressure variations
- Stress
- Work
- Computer use
- Change in routine

Treatment ^{6,7,8,9}

A multidisciplinary approach to treatment for this population consisting of non-pharmacologic nutraceuticals, medications, vestibular rehabilitation (VRT), lifestyle changes and addressing comorbidities is recommended. Supplements including coenzyme-Q 10, melatonin, vitamin D3, vitamin B2, magnesium and riboflavin have been reported to be potentially beneficial in addressing symptoms. Reducing or eliminating environmental and dietary triggers can also help manage vestibular migraines. Dietary modifications include restricting intake of caffeine, alcohol, monosodium glutamate and high processed foods. Patient education about behavioral and lifestyle modification should include managing stress, regular exercise including aerobic and strength training, consistent meals, and sleep hygiene. In addition, VRT including habituation exercises to decrease sensitivity to activities that provoke dizziness, balance training and visual/vestibular exercises can help with the management of vestibular migraine.

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