

QUESTIONS From Symposium Participants

Q: Can riboflavin and coenzyme Q10 provide adjunctive therapy for menstrual migraine?

A: Riboflavin and coenzyme Q10 can be added to the regimen, along with magnesium and feverfew. Some manufacturers make combination products containing all or some of these supplements in 1 capsule. Another promising complementary agent is the herb butterbur (*Petasites hybridus*). The American Academy of Neurology has developed guidelines for migraine prevention that address the use of magnesium, riboflavin, and feverfew. These 3 supplements show some benefit in reducing severity or frequency of migraine compared with placebo. If a patient can tolerate adverse effects with magnesium, such as diarrhea, supplements can be part of the daily regimen to prevent migraine, along with regular meals, sleep, and exercise.

Q: In clinical practice, is there a relationship among migraine, sinus, and tension headaches?

A: Many clinicians observe that administering phenylephrine to a patient with migraine symptoms can provide some relief, possibly because the drug is a slight vasoconstrictor. In addition, some migraine patients experience watery eyes or facial pain during their headache, symptoms reminiscent of sinus involvement. Clinicians should be skeptical, however, in diagnosing sinus headache instead of migraine. True sinus headache is a secondary headache due to acute sinusitis that is treated by a course of antibiotics. Moreover, most people who are motivated to seek medical help for recurrent headaches turn out to be migraineurs. For these reasons, the clinician must look for migraine, because that is the most likely cause, and should only diagnose a sinus headache in the presence of acute sinusitis.

Some clinicians have been taught that tension and migraine headaches share pathophysiologic features. The pathologies of different headache types—whether primary or secondary—may have overlapping neural features. In the patient with migraine, it is probably best to think of headache as a spectrum. Migraine sufferers can have many different headaches. They will have low-grade “tension” headaches and headaches due to infections. Some of these may progress to an acute migraine. The patient should be educated to take all headaches seriously and be ready to take medication at the first sign that the headache might be escalating.