

HEADLINES

A PUBLICATION OF THE EAST BAY HEADACHE SUPPORT GROUP
A member of the American Council for Headache Education (ACHE) support group network

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September 15th Meeting:

The Last Person

Who is the last person, or should we say, the last health care professional you would seek out to treat your migraine? If you said a dentist you would be echoing the sentiments of many people who have sought out Dr. Santucci for treatment. Jess Santucci, D.D.S., has had a dental practice in Orinda since 1996, where his focus is on aesthetic, comprehensive restorative and neuromuscular dentistry.

“For the past eight years I have been successfully treating headache sufferers of all ages,” said Dr. Santucci. He continued, “Although a migraine is defined as a vascular headache I treat the muscles that posture the jaw and head. I accomplish this by using sonography to listen to joint noises, EMGs to measure muscle activity, and computerized jaw tracking to track jaw posture.”

Dr. Santucci is looking forward to speaking to the support group September 15, when he’ll explain the why and the how.

He did his undergraduate studies at St. Mary’s College of California in Moraga, and received his D.D.S. degree from the University of Southern California. Following dental school, Dr. Santucci vigorously pursued continuing education to grow past what he was taught in school. He is a graduate of the world-renowned Las Vegas Institute for Advanced Dental Studies (LVI), and belongs to numerous dental organizations including ADA, CDA, CCDS and the IACA.

We will meet in the Hanson Room, downstairs at John Muir Medical Center—Walnut Creek Campus, **Tuesday evening, September 15, from 7:30 to 9:00 p.m.** Call Carol at 925-229-5550 for more information.



Carol Bartlett and Dr. Michael Stein

Headache Support Booth at WC Farmer’s Market

To kick off National Headache Awareness Week June 7, several members of the East Bay Headache Support Group set up a booth at the Walnut Creek Farmer’s Market. Carol Bartlett, Dr. Michael Stein and his wife Jeanine, and Blaise Russo manned the booth—encouraging the crowd walking past to stop and gather some literature about living with headaches, including a diet recommended for headache sufferers. Copies of our newsletter and brochure were also distributed, and a number of people were added to our mailing list that day.

Carol commented afterward, “We had a pretty successful day at the Farmer’s Market...it was worthwhile,...maybe we should try it again next year.”

Future Meetings:

November 17: To be determined

February 3: To be determined

To recommend a speaker or suggest a topic, contact Leslie at davisgold@gmail.com, or Carol at 925-229-5550.

Evolution of a Migraine Headache

Where to start! I guess back when I first realized that headaches were going to be a normal part of my everyday life. That would be in 1966 while I was pregnant with my first child. For many years I controlled the headaches with Bayer Aspirin first with two every four hours, then three every four hours, then four every four hours and then four every three hours. Eventually I moved on to Excedrin with the same type of increasing schedule. As a stomach ulcer developed, I went on to prescription medicines: Fiorinal, Valium, and more—which were all useless.

Some time in the mid 1980s I began to have headaches that would render me non-functioning. You know what I mean.... pounding so hard it felt like my head would explode if I moved a muscle, blinked, or swallowed. I guess you could say that it took 20 years for my headaches to blossom into a “real” migraine. Nausea, vomiting, flashing lights and other familiar symptoms added to the diagnosis.

In 1989, when I was 46 years old, I had graduated from USF with a degree in Organizational Behavior. I was, and still am, proud of that accomplishment, but it became an odd marker in my life as “before migraines” and “after migraines.” By the time I graduated, lengthy headaches were lasting days and/or weeks. The relief between the headaches got shorter until there was not a day that passed that I was headache free. On a scale of 1 to 10, a good day was a 5, while 8 was non-functioning and at 10 I was scared I was going to die.

So now the medicine regime started. I wish I could remember all the experimental drugs that I was given. I felt like a guinea pig. There were beta blockers, calcium channel blockers, and pain killers, of course. Names like Cafergot, Midrin, Toradol, Verapamil, and Ergotamine will be familiar to you if you have been suffering since the 1980s. In the meantime, Kaiser sent me to a Pain Clinic, to Bio-feedback Therapy, Acupuncture, and Hypnosis. I had a permanent prescription for Demerol Injections at any Kaiser Emergency Room. After one try, I gave up on pain killers because

after I woke up from the drug induced sleep, the headache was still there. What was the point of that? It didn’t solve anything and was one less drug..

During this time, I also started on the anti-depressants. I don’t think I have to elaborate on this—I’m sure anyone with uncontrolled migraines can relate. I went through many, all names with which you would be familiar, like Prozac, Zoloft, Wellbutrin, and finally settled on a combination of Wellbutrin and Effexor.

The doctors encouraged me not to give up because this wonderful new drug was available in Canada and soon to be approved for the US. It was a Serotonin Uptake, and guaranteed to help! And so I was first in line in 1992 with a prescription for Imitrex injections at the Emergency Room at any Kaiser Hospital. It seemed to help, hallelujah! Shortly thereafter, I was able to inject myself.... what a trauma that was. It was very crude, and I had to use a 2-inch hypodermic needle, fill the syringe, tap the air out, stick it into my thigh and push the plunger. I debated if the cure was worse than the headache.. After several months, I finally was able to get a pre-loaded syringe with a simple trigger and a ½ inch needle instead of the 2 inch needle I was using.

It was now late in 1992. I had quit my job, of course, and thank goodness I had only one child still at home and she was an independent 17 year-old. I had a caring and nurturing husband who was terrific through it all. I am quite sure I would have jumped off the proverbial bridge by this time without his support. However, the placebo effect of the Imitrex was wearing off, and I was still non-functioning most days.

My doctor happened to mention one day that it could be TMJ—Temporal Mandibular Joint Dysfunction. He looked again at the MRI, and said it didn’t seem like the deterioration in the disk in my jaw was too bad, however. I asked about the treatment for TMJ, and he said it involved wearing a splint to keep the jaw from moving in and out of alignment. I remember saying “We have tried everything else, and this doesn’t even involve medication! Let’s try it.” “But,” he said, “your ears don’t hurt, your jaw doesn’t hurt, and the pain is not typical for TMJ.”

“What else do you have to suggest, then,” I asked, and he was quiet.

So off to San Francisco I went to be fitted for a splint. I’ll never forget going back for the finished product two weeks later. I was on so much medicine, I probably shouldn’t have been driving a car, let alone in the City. The orthodontist put the splint in, and sent me on my way. I hurried home because we had a dinner date and theater tickets. I watched the clock knowing I could have more medication at 8 p.m., just before the play started. Imagine my shock when at the 9:30 intermission I realized I had not remembered to take the medication because I DID NOT HAVE A HEADACHE! Yes, it was just that quick!



Splints used to treat TMJ

It actually took several years to get it all straightened out, but what WAS a good day at a 5 - was now a ZERO. Now a bad day that WAS an 8 to 10, was now a 5 or 6. And to this day in 2009, 17 years later, I have not had anything close to a nauseating, light flashing migraine headache.

Kaiser now has a TMJ clinic in Walnut Creek, and that was very helpful in learning to manage and exercise my jaw. I wear the splint 24 hours a day, seven days a week. I remove it only for hot drinks and food I have to chew. In the beginning, I might have a slight headache within ten minutes of removing the splint. Many times I stopped eating and put the splint back in for a few minutes before continuing my meal.

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How to Know if You Are Having a Medication Reaction

By Christina Peterson, MD
June 14, 2008

You have taken your headache medication, and now you are feeling a little odd. Now what? Is it the medication? Is it part of the headache? Are you having an allergic reaction? How do you know, and what should you do?

This really depends on what you are feeling, how long you have been feeling this way, whether you have ever felt this way before, and on what you took. Here are some helpful facts.

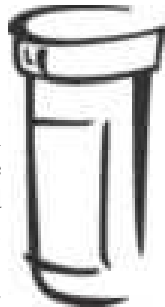
Drug Allergies

True drug allergies occur in only 5-15% of people exposed to a given drug. Immediate reactions take place in 0-60 minutes; accelerated reactions take place in 1-72 hours, and a delayed reaction would be one that occurred in greater than 72 hours. Symptoms of a true drug hypersensitivity are fever, rash, and internal organ involvement, which could be breathing difficulty or involvement of the liver or blood, for example. Fever and rash are usually the first signs. If you experience this, stop the medication and call your doctor. If you develop breathing difficulty, you may need to go to the emergency room, or call 911.

There is a difference between a drug allergy and what is known as an adverse effect of a drug. Many medications have adverse effects—or what you might call a “side effect.” These are things that might be uncomfortable, but are not necessarily dangerous to you. For example, the triptan medications, commonly prescribed for migraine headaches, can cause a hot sensation in the head, or a tight or pressure sensation in the throat or chest. This can be alarming if you have not been warned to expect this, or have not experienced it before. These sensations, however, have nothing to do with your heart—this has been tested extensively. Believe it or not, even though you feel it in your chest, it is coming from your brain.

Sometimes, when you take medication for a migraine, it seems like you are getting nauseated. It is hard to tell if this is due to the medication itself, or if this is just the headache progressing. If this happens to you regularly, you might want to ask your doctor for anti-nausea medication.

In order to tell if the symptoms you are experiencing might be due to the pill you took, you can look at the package insert and see if the symptom is listed. The problem here is that when the drug is tested prior to being marketed, all symptoms reported by the test population have to be listed, regardless of whether they were experienced by the people taking the experimental drug or whether they were experienced by the people taking the placebo (the “sugar pills”). This is what is listed in the package insert, as required by the FDA. Some package inserts will list a comparison chart of the drug group side effects alongside the placebo group side effects, so that you can sort this out better. So if it seems like a lot of fine print, this is why.



Medication Interactions

Many headache sufferers are on more than one medication. Mixing medications can result in drug-drug interactions. Often, your pharmacist will catch a potential problem when your prescription is filled. However, your pharmacist may not know about everything you are taking, especially if you are on herbal preparations.

Foods can affect your medication as well—if you are on certain antidepressants, for example, you should not drink grapefruit juice. Also, sometimes the inert ingredients in medications can be a problem. If you are lactose-intolerant, some pills contain lactose, and this can create a problem for you. And finally, some of the orally-disintegrating tablets contain aspartame. If that is a migraine trigger for you, this could be a problem, although the amount in the tablet is so small it is probably not an issue unless you are very, very sensitive.

The best thing to do if you think you are having a reaction to a medication is to read the literature that came with the medication. If you are still concerned, call the pharmacy for advice. If the phar-

macy is closed, and you are experiencing serious symptoms, call your doctor. If you are having difficulty breathing, go to the emergency department. The good news is that serious medication reactions are rare, and most are treatable simply by stopping the medication.

Found on the Internet at <http://www.migrainesurvival.com/framework.php>

The intention of the East Bay Headache Support Group is to provide information and resources. It does not provide medical advice, which should be obtained directly from a physician.

Evolution...

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The struggle now is to get off the Effexor and I'm well on my way, having reduced it from 300 mg a day to 175 mg. After 17 years, this is no easy task. So far, no headaches worse than normal, and controllable with four Ibuprofen. This much reduction of Effexor has taken over six months. I often think back to all the drugs I took that were not necessary. My headaches were not truly migraines at all. No wonder nothing worked! But I wonder what I have done to my body, my brain, and my longevity. We won't know that for a long time, I hope. I am 66 now and if I get an occasional headache that lasts more than a day, I recover from the headache long before I can pull myself out of the depression. A drawn out headache brings back all the terrible memories of three solid years of ongoing headaches, and the twenty or more years leading up to it. I do not like to think that I will have to stay on anti-depressants for the rest of my life, but I try not to complain. I used up all my whining allotment years ago, and I'm grateful for every pain free minute of every day.

—Anonymous

Notes...The East Bay Headache Support Group features medical and other professionals as speakers at its meetings. Notes are taken of most presentations and made available for a suggested donation of \$2.00 each, or read them on our Web site at www.headachesupport.org.

Past topics include: Biofeedback therapy, genetics, caregiving, dietary headache triggers, chiropractic treatment, pharmaceutical remedies, hormonal triggers, reducing stress in the workplace, dealing with holiday stress, acupuncture and Chinese herbal therapy, children's headaches, temporomandibular joint disease (TMJ), somatic headache relief, compounding medications, allergies, experimental headache drugs, prevention of stress headaches, non-traditional therapies, tension-type headaches, menopause, head injury headaches, environmental medicine, emotional impact of headaches, sleep disorders, chronic pain management, exercise headaches, cluster headaches, 5-HTP, Emergency Room visits, dealing with frustrations, Botox injections, naturopathic medicine, the Alexander Technique, effective nutrition for headache pain management, acupressure, medication overuse headache, and many more.

The East Bay Headache Support Group is a nonprofit organization dedicated to providing a forum for headache sufferers. The support group meets four times per year—selected Tuesday evenings in February, May, September, November—from 7:30 to 9:00 p.m., at John Muir Medical Center-Walnut Creek Campus. It is open to all headache sufferers and their families, and interested persons. The meetings are free; however, donations to cover printing, postage, and Web site expenses are appreciated! The support group meetings include lectures by guest speakers, question and answer sessions, and informational materials.

Directions to John Muir Medical Center-Walnut Creek Campus: Take Highway 680 to the Ygnacio Valley Road exit in Walnut Creek. Travel East toward Mount Diablo approximately 1-1/2 miles, and turn right onto La Casa Via at the top of the hill. Turn left into the medical center parking lot, and park in the parking garage. Take stairs or elevator to the lower level and follow signs to the meeting room.

We value your input! Call, write, or e-mail us if you have comments or suggestions, or would like to help. The planning committee welcomes new members to help organize meetings and find speakers, and publish and mail newsletters. Call Carol at 925-229-5550 or send an e-mail to Leslie at davisgold@gmail.com.

**TIME DATED
MATERIAL**

**Visit our Web site!
www.headachesupport.org**

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